

EXHIBIT G

SCOTT ALLEN TOMEI vs PARKWEST MEDICAL CENTER and COVENANT HEALTH
Monday, Sharon - 12/17/2019

<p>1 UNITED STATES DISTRICT COURT 2 FOR THE EASTERN DISTRICT OF TENNESSEE 3 CASE NO. 3:19-cv-00041 4 5 - - - 6 SCOTT ALLEN TOMEI, : 7 Plaintiff, : 8 vs. : 9 PARKWEST MEDICAL CENTER and : 10 COVENANT HEALTH, : 11 Defendants.: 12 13 * * * * * 14 15 DEPOSITION OF SHARON MONDAY 16 17 18 ===== 19 JEFF RUSK COURT REPORTING & VIDEO 20 Registered Professional Reporters 21 Certified Legal Video Specialist 22 Catherine I. Golembeski, NJ-CCR, RPR, LCR 23 805 Eleanor Street, N.E. 24 Knoxville, Tennessee 37917 25 (865) 246-7656 Jeff@JeffRusk.com</p>	<p>1 I N D E X Page 3 2 SHARON MONDAY PAGE 3 EXAMINATION BY MR. ROZYNSKI 5 4 EXAMINATION BY MR. YOUNG 63 5 6 7 NO. INDEX OF EXHIBITS PAGE 8 Plaintiff's Exhibit 4 Rule 30(b)6 Notice 11 9 Plaintiff's Exhibit 5 E-mail 12/13/19 11 10 Plaintiff's Exhibit 6 Parkwest Medical Center Answer 15 11 12 Plaintiff's Exhibit 7 Covenant Health CBL Accommodating Deaf/Hard of Hearing Individuals 28 13 14 Plaintiff's Exhibit 8 Complaint 52 15 16 Plaintiff's Exhibit 9 Stratus Case Report 62 17 18 19 20 21 22 23 24 25</p>
<p>1 APPEARANCES: Page 2 2 3 FOR THE PLAINTIFF: 4 ANDREW ROZYNSKI, ESQ. EISENBERG AND BAUM, LLP 5 24 Union Square East, Fourth Floor New York, New York 10003 6 (212) 353-8700 arozynski@EandBLaw.com 7 8 9 10 FOR THE DEFENDANTS: 11 BRODERICK L. YOUNG, ESQ. DEVON LYON, ESQ. ARNETT, DRAPER & HAGOOD, LLP 12 800 S. Gay Street 2300 First Tennessee Plaza 13 Knoxville, Tennessee 37901 (865) 546-7000 byoung@adhknox.com 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p>1 D E P O S I T I O N Page 4 2 The deposition of SHARON MONDAY, taken at 3 the request of the Plaintiff, for purposes of 4 discovery, pursuant to the Tennessee Rules of Civil 5 Procedure on the 17th Day of December, 2019, at the 6 offices of Arnett, Draper & Hagood, LLP, 800 S. Gay 7 Street, 2300 First Tennessee Plaza, Knoxville, 8 Tennessee 37901 before Catherine Golembeski, 9 Registered Professional Reporter and Notary Public 10 at Large for the State of Tennessee. 11 It is agreed that the deposition may be 12 taken in machine shorthand by Catherine Golembeski, 13 Licensed Court Reporter and Registered Professional 14 Reporter and Notary Public, and that she may swear 15 the witness and thereafter transcribe her notes to 16 typewriting and present to the witness for 17 signature, and that all formalities touching 18 caption, certificate, filing, transmission, etc., 19 are expressly waived. 20 It is further agreed that all objections 21 except as to the form of the questions are reserved 22 to on or before the hearing. 23 24 25</p>

Jeff Rusk Court Reporting & Video

(865) 246-7656

<p style="text-align: right;">Page 5</p> <p>1 EXAMINATION</p> <p>2 (Proceedings began at 2:48 p.m.)</p> <p>3 SHARON MONDAY,</p> <p>4 called as a witness at the instance of the</p> <p>5 Plaintiff, having been first duly sworn, was</p> <p>6 examined and deposed as follows:</p> <p>7 EXAMINATION BY MR. ROZYNSKI:</p> <p>8 Q. Good afternoon.</p> <p>9 A. Hi.</p> <p>10 Q. My name is Andrew Rozynski. I'm with</p> <p>11 the law firm of Eisenberg and Baum. And I</p> <p>12 represent Scott Tomei in the matter against</p> <p>13 Parkwest Medical Center. You are here to take your</p> <p>14 deposition.</p> <p>15 Have you ever had your deposition taken</p> <p>16 before?</p> <p>17 A. Pardon?</p> <p>18 Q. Have you ever had your deposition taken</p> <p>19 before?</p> <p>20 A. It's been several years ago. Many</p> <p>21 years ago.</p> <p>22 Q. Was that in connection with a case with</p> <p>23 Parkwest?</p> <p>24 A. No.</p> <p>25 Q. Okay. Since it's been many years ago,</p>	<p style="text-align: right;">Page 7</p> <p>1 happened and you don't know the exact date but you</p> <p>2 remember it happening in October of 2017, you can</p> <p>3 say, I believe that happened in October 2017 rather</p> <p>4 than saying I don't know when that happened. Okay?</p> <p>5 A. Okay.</p> <p>6 Q. All right. Also, there's certain</p> <p>7 things that court reporters don't like, like when a</p> <p>8 witness says um-hum, or uh-huh, or shake their</p> <p>9 head, nod their head, point to things in the room.</p> <p>10 I ask that you give a verbal response to whatever</p> <p>11 the answer is. Okay?</p> <p>12 A. Yes.</p> <p>13 Q. All right. Also, I don't expect this</p> <p>14 to be particularly long. But, you know, if you</p> <p>15 need to take a break at any time, just let me know</p> <p>16 and just not in the middle of a question. Okay?</p> <p>17 A. Okay.</p> <p>18 Q. All right. Could you please state your</p> <p>19 name and address for the record?</p> <p>20 A. Sharon Monday. You need my home</p> <p>21 address?</p> <p>22 Q. Yes, please.</p> <p>23 A. 722 Chapel Wood Circle, Maryville,</p> <p>24 Tennessee 37804.</p> <p>25 Q. Okay. Have you been known by any other</p>
<p style="text-align: right;">Page 6</p> <p>1 let me go over some of the ground rules of a</p> <p>2 deposition so we can go as smoothly as possible.</p> <p>3 First and foremost, you have sworn to</p> <p>4 tell the truth, which means it's an oath to tell</p> <p>5 the truth. If you say anything that's false, you</p> <p>6 could be subject to punishment. Are you aware of</p> <p>7 that?</p> <p>8 A. Yes.</p> <p>9 Q. And the court reporter's taking down</p> <p>10 everything that we're saying and is going to be</p> <p>11 making a transcript of what we talk about here</p> <p>12 today. It's really important that we have a clear</p> <p>13 record. So how we do that is by insuring that we</p> <p>14 have a clear question and answer. How we can do</p> <p>15 that is sometimes you might know the answer to my</p> <p>16 question before I finish asking the question. I</p> <p>17 just ask that you hold off on the urge and let me</p> <p>18 finish asking the question, then answer. And I</p> <p>19 will also hold off on asking my next question until</p> <p>20 you finish your answer. Okay?</p> <p>21 A. Okay.</p> <p>22 Q. Also, it's not a memory test. If you</p> <p>23 don't remember something, that's fine. I just want</p> <p>24 your best recollection. And there are ways we can</p> <p>25 do that. For instance, if I ask you when something</p>	<p style="text-align: right;">Page 8</p> <p>1 names?</p> <p>2 A. Well, other than before I was married,</p> <p>3 no.</p> <p>4 Q. Okay. All right. And who is your</p> <p>5 current employer?</p> <p>6 A. Parkwest Medical Center.</p> <p>7 Q. And for how long have you worked for</p> <p>8 them?</p> <p>9 A. I have worked for Covenant Health for</p> <p>10 42 years.</p> <p>11 Q. Okay. And what is your current</p> <p>12 position?</p> <p>13 A. Regulatory compliance manager.</p> <p>14 MR. ROZYNSKI: Okay. Is this witness</p> <p>15 being produced for any 30(b)6 topics?</p> <p>16 MR. YOUNG: You saw that e-mail I sent</p> <p>17 you, right? Let's go off the record.</p> <p>18 (Off-the-record conference.)</p> <p>19 Q. Okay. So you said you're a regulatory</p> <p>20 and compliance?</p> <p>21 A. Yes.</p> <p>22 Q. What's your official title?</p> <p>23 A. Manager of regulatory compliance.</p> <p>24 Q. For all Covenant Health?</p> <p>25 A. For Parkwest Medical Center.</p>

<p style="text-align: right;">Page 9</p> <p>1 Q. Are you a lawyer?</p> <p>2 A. No, I'm an RN.</p> <p>3 Q. For how long have you been an RN for?</p> <p>4 A. 41 years.</p> <p>5 Q. And prior to being the manager of</p> <p>6 regulatory and compliance at Parkwest, what job did</p> <p>7 you hold? Job title did you hold?</p> <p>8 A. Let me think. I guess my last title</p> <p>9 before that was, I was a director of patient care.</p> <p>10 Previous to that I was a manager of nursing unit.</p> <p>11 Prior to that I was a house supervisor. Prior to</p> <p>12 that I was a staff nurse.</p> <p>13 Q. Okay. So how long have you been in</p> <p>14 your current position?</p> <p>15 A. I think close to 20 years.</p> <p>16 Q. Okay. What are your general job</p> <p>17 duties?</p> <p>18 A. Looking to make sure that we are being</p> <p>19 compliant with regulatory standards, joint</p> <p>20 commission, CMS, those type of things and helping</p> <p>21 us prepare for the survey.</p> <p>22 Q. Were you involved with getting the</p> <p>23 hospital up to compliance when the Affordable Care</p> <p>24 Act was passed?</p> <p>25 A. In relation to any policies that may</p>	<p style="text-align: right;">Page 11</p> <p>1 with that is responsible for education?</p> <p>2 A. Well, that can depend on if it's at the</p> <p>3 facility level or if it's at the system level.</p> <p>4 Q. Who's responsible for education as it</p> <p>5 relates to accommodating individuals who don't</p> <p>6 speak English?</p> <p>7 A. We developed a CBL that was a system</p> <p>8 effort that included regulatory, legal counsel,</p> <p>9 risk management developed. We put that together.</p> <p>10 Q. And do you know who at Parkwest was</p> <p>11 responsible for insuring that that's disseminated</p> <p>12 and that staff is educated on those policies and</p> <p>13 procedures?</p> <p>14 A. As specific CBL was assigned at the</p> <p>15 corporate level and then we verify that it gets</p> <p>16 assigned ongoing.</p> <p>17 Q. And you said it was assigned at the</p> <p>18 corporate level. Does that mean that there's just</p> <p>19 online modules that are disseminated to --</p> <p>20 A. Yes.</p> <p>21 Q. -- staff members at Parkwest?</p> <p>22 A. Yes.</p> <p>23 (Plaintiff's Exhibit 4, Rule 30(b)6</p> <p>24 Notice, was marked for identification.)</p> <p>25 (Plaintiff's Exhibit 5, E-mail</p>
<p style="text-align: right;">Page 10</p> <p>1 have been related to that, we worked as a system on</p> <p>2 some of those with legal counsel.</p> <p>3 Q. Okay. Is one of the things that you</p> <p>4 worked on accommodating patients and companions</p> <p>5 with limited English proficiency?</p> <p>6 A. Yes.</p> <p>7 Q. Is that something that was new with the</p> <p>8 Affordable Care Act?</p> <p>9 A. No.</p> <p>10 Q. How long, as far as you're aware, have</p> <p>11 there been requirements to accommodate people with</p> <p>12 limited English proficiency at Parkwest?</p> <p>13 A. At Parkwest? I am not sure of the</p> <p>14 exact date. I do know that prior to the Affordable</p> <p>15 Care Act, a Covenant Care Act, we had a policy in</p> <p>16 place that was just for Parkwest. I mean, so it's</p> <p>17 -- we've had that in place for several years before</p> <p>18 it became a system policy.</p> <p>19 Q. Okay. Are you responsible for training</p> <p>20 staff members on compliance issues?</p> <p>21 A. I personally am not responsible. I</p> <p>22 work with our education folks in regard to what</p> <p>23 some of the content and stuff like that, but I'm</p> <p>24 not personally responsible.</p> <p>25 Q. Okay. Who's the person that you worked</p>	<p style="text-align: right;">Page 12</p> <p>1 dated 12/13/19, was marked for</p> <p>2 identification.)</p> <p>3 Q. Okay. I'm going to show you a document</p> <p>4 which has been marked as Plaintiff's Exhibit 4. It</p> <p>5 is something we call a Rule 30(b)6 notice. And I'm</p> <p>6 going to give you a copy here. I want you to turn</p> <p>7 to the page where it says Exhibit A.</p> <p>8 (Witness Complies.)</p> <p>9 Q. You've been produced today to testify</p> <p>10 as a corporate representative on behalf of Parkwest</p> <p>11 and Covenant Health in terms of different areas of</p> <p>12 examination. And I'm going to go through those</p> <p>13 with you. And my understanding is that you are</p> <p>14 being produced today for areas of examination one,</p> <p>15 two, three, eight, 10 only with regard to</p> <p>16 Paragraphs 76 and 77 in the answer and 11. Is that</p> <p>17 your understanding?</p> <p>18 A. I believe that is correct.</p> <p>19 Q. So going to area of examination number</p> <p>20 one, what did you do, other than speak to your</p> <p>21 attorney, to be sufficiently prepared to talk about</p> <p>22 today as Defendant's policies, procedures and</p> <p>23 training of staff regarding insuring effective</p> <p>24 communication with deaf or hard of hearing patients</p> <p>25 or companions from January 1st, 2017 to present?</p>

<p style="text-align: right;">Page 13</p> <p>1 A. Just review the policy.</p> <p>2 Q. Has it been the same policy -- has the</p> <p>3 same policy been in place from January 1, 2017 to</p> <p>4 present?</p> <p>5 A. I'm sorry to when?</p> <p>6 Q. To the present.</p> <p>7 A. I believe we've made a slight revision</p> <p>8 to it since then in 2018 maybe, but I have to go</p> <p>9 back and look because I've just been looking at</p> <p>10 what was in place.</p> <p>11 Q. Okay. Do you know, generally, what the</p> <p>12 slight revision was to?</p> <p>13 A. If it was -- if there was a revision,</p> <p>14 it was related to the handout that's attached to</p> <p>15 the VRI update to it.</p> <p>16 Q. Okay. How about area -- and you didn't</p> <p>17 talk to any other staff members or anyone else</p> <p>18 other than your attorney to prepare for area number</p> <p>19 one, just looked at that policy?</p> <p>20 A. That's correct.</p> <p>21 Q. How about area of examination number</p> <p>22 two. Defendant's policies, procedures and training</p> <p>23 of staff regarding providing interpreter services</p> <p>24 including the provision of VRI for deaf or hard of</p> <p>25 hearing patients or companions from January 1st</p>	<p style="text-align: right;">Page 15</p> <p>1 Q. Nothing else?</p> <p>2 A. That's basically it, yes.</p> <p>3 Q. How about area of examination number</p> <p>4 eight, Defendant's policies and procedures</p> <p>5 regarding using non-certified interpreters; i.e.,</p> <p>6 friends, family, staff. What did you do to be</p> <p>7 sufficiently prepared for that?</p> <p>8 A. I just reviewed our policy.</p> <p>9 Q. And how about area of examination</p> <p>10 number 10, what did you do to be prepared for that</p> <p>11 today, other than talk to your attorney?</p> <p>12 A. I'm not sure I understand. I just</p> <p>13 talked to the attorney.</p> <p>14 Q. Just for completeness, I'm going to</p> <p>15 mark this as Exhibit 6 as the answer from Parkwest</p> <p>16 Medical Center.</p> <p>17 (Plaintiff's Exhibit 6, Parkwest</p> <p>18 Medical Center Answer, was marked for</p> <p>19 identification.)</p> <p>20 Q. Just so the record is clear, for areas</p> <p>21 of examination number 10, I'm going to show you</p> <p>22 what has been marked as Plaintiff's 6, is the</p> <p>23 answer of Parkwest Medical Center. And I'll show</p> <p>24 you Paragraphs 76 and 77. And I just want you to</p> <p>25 take a look at that and make sure that you're</p>
<p style="text-align: right;">Page 14</p> <p>1 2017 to the present. What did you do to prepare</p> <p>2 for that today?</p> <p>3 A. I reviewed the CBL.</p> <p>4 Q. Could you just state for the record</p> <p>5 what CBL means?</p> <p>6 A. CBL, continuous -- oh, I can't even</p> <p>7 remember. Computerized based learning.</p> <p>8 Q. Is that the only thing that you</p> <p>9 reviewed was the computerized based learning?</p> <p>10 A. Yes.</p> <p>11 Q. Does Parkwest have any in-person</p> <p>12 training, separate and apart from the computer</p> <p>13 based learning, that talks about accommodating deaf</p> <p>14 persons and their companions?</p> <p>15 A. No.</p> <p>16 Q. Okay. Moving on to areas of</p> <p>17 examination number three, how Defendant trained its</p> <p>18 employees, agents, representatives and/or hospital</p> <p>19 staff on how to contact an ASL interpreting agency</p> <p>20 from January 1st, 2017 to present. What did you do</p> <p>21 to be sufficiently prepared for that today?</p> <p>22 A. Like I said, I just reviewed the</p> <p>23 computer based learning module that we had.</p> <p>24 Q. Okay. Nothing else, correct?</p> <p>25 A. Pardon?</p>	<p style="text-align: right;">Page 16</p> <p>1 sufficiently prepared to testify to that today.</p> <p>2 A. Yes.</p> <p>3 Q. So other than talking to counsel, you</p> <p>4 haven't done anything to prepare for that area of</p> <p>5 examination, correct?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. And then you've also been</p> <p>8 prepared to testify as to area of examination</p> <p>9 number 11, correct?</p> <p>10 A. Yes.</p> <p>11 Q. And what did you do to prepare for that</p> <p>12 today?</p> <p>13 A. We had a complaint system pulled to see</p> <p>14 if we had any complaints in relation to that.</p> <p>15 Q. Okay. Are you familiar, generally, if</p> <p>16 staff are supposed to insure that interpreters are</p> <p>17 provided for all persons who don't speak English as</p> <p>18 a primary language?</p> <p>19 A. Can you repeat that again?</p> <p>20 Q. Are you aware if Parkwest requires its</p> <p>21 staff to insure that they provide interpreters to</p> <p>22 patients or companions that don't speak English as</p> <p>23 a primary language?</p> <p>24 A. Our policy requires -- well, I'll not</p> <p>25 say requires, indicates that we provide effective</p>

<p style="text-align: right;">Page 17</p> <p>1 communication, however that is done.</p> <p>2 Q. Are you familiar -- have you reviewed</p> <p>3 the Affordable Care Act 2016 regulations?</p> <p>4 A. Not recently.</p> <p>5 Q. At some point have you?</p> <p>6 A. Parts of it.</p> <p>7 Q. Okay. Are you aware that the 2016</p> <p>8 Affordable Care Act regulations require medical</p> <p>9 providers such as Parkwest to insure that all</p> <p>10 patients and companions can communicate in their</p> <p>11 primary language?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. And what does Parkwest do to</p> <p>14 insure that all patients or companions can</p> <p>15 communicate in their primary language?</p> <p>16 A. We have our policies in place to guide</p> <p>17 our staff. We have forms in place when certain</p> <p>18 patients come in and request services.</p> <p>19 Q. Okay. Anything else?</p> <p>20 A. Such as?</p> <p>21 Q. Anything else that Parkwest does to</p> <p>22 insure that patients and companions get</p> <p>23 communication access in their primary language?</p> <p>24 A. I mean, we do have options on how that</p> <p>25 is provided.</p>	<p style="text-align: right;">Page 19</p> <p>1 doing it?</p> <p>2 A. I don't think that we mandate a</p> <p>3 specific person to do that.</p> <p>4 Q. Okay. So how does Parkwest insure</p> <p>5 compliance that that form is being filled out?</p> <p>6 A. I haven't done -- actually, we've not</p> <p>7 actually done a study in regard to that, but even</p> <p>8 if the form was not filled out, we're still</p> <p>9 responsible for insuring effective communication.</p> <p>10 Q. Are you aware that under the Affordable</p> <p>11 Care Act that there's a requirement of entities to</p> <p>12 affirmatively do an assessment of the deaf person's</p> <p>13 communication abilities upon admission?</p> <p>14 A. I was not aware of that.</p> <p>15 Q. Are you aware of anything that Parkwest</p> <p>16 does to mandate or insure throughout any point of</p> <p>17 the process that assessment is done of the deaf</p> <p>18 person?</p> <p>19 A. Other than at registration?</p> <p>20 Q. So you do mandate at registration they</p> <p>21 do the assessment?</p> <p>22 A. Per our policy that is normally when</p> <p>23 it's done during registration or coming through the</p> <p>24 admission process.</p> <p>25 Q. So in your policy it states that the</p>
<p style="text-align: right;">Page 18</p> <p>1 Q. What do you mean?</p> <p>2 A. In regard to, we had the video remote</p> <p>3 interpreting. We can provide on-site interpreters.</p> <p>4 We have via telephone.</p> <p>5 Q. Okay. How does Parkwest insure that</p> <p>6 deaf and hard of hearing patients or companions are</p> <p>7 able to communicate in their primary language of</p> <p>8 American sign language throughout their care at</p> <p>9 Parkwest?</p> <p>10 A. On admission or registration, they are</p> <p>11 asked for their preference. We have a form for</p> <p>12 them to use so that they can let us know what their</p> <p>13 preferences are.</p> <p>14 Q. Are you aware that there's a</p> <p>15 communication assessment form that Parkwest has?</p> <p>16 A. Yes, that's the form I'm talking about.</p> <p>17 Q. And who's responsible to fill that out?</p> <p>18 Is that registration, or triage or something else?</p> <p>19 A. Either one.</p> <p>20 Q. Either registration or triage?</p> <p>21 A. Uh-huh.</p> <p>22 Q. Is that a yes?</p> <p>23 A. Yes, sorry.</p> <p>24 Q. And does Parkwest mandate that one or</p> <p>25 the other do it, or are they both responsible for</p>	<p style="text-align: right;">Page 20</p> <p>1 assessment, the language assessment form should be</p> <p>2 filled out during registration?</p> <p>3 A. Let me verify.</p> <p>4 Q. Okay.</p> <p>5 A. It does state that in the communication</p> <p>6 assessment tool for deaf and hard of hearing</p> <p>7 individuals maybe used to identify the patient</p> <p>8 companion designated representatives requesting</p> <p>9 communication aides, if any.</p> <p>10 Q. I want you to -- so I think what you're</p> <p>11 looking at is Exhibit 2, Plaintiff's Exhibit 2,</p> <p>12 which is the Covenant Health Rights and</p> <p>13 Responsibilities; subject, deaf and hard of hearing</p> <p>14 I want you to look at.</p> <p>15 A. Yes.</p> <p>16 Q. Can you tell me what page of that</p> <p>17 exhibit you are referring to when you're speaking?</p> <p>18 A. It's on page two.</p> <p>19 Q. Okay.</p> <p>20 A. Under procedure.</p> <p>21 Q. Okay. So in your procedures it states:</p> <p>22 "When a deaf or hard of hearing patient or</p> <p>23 companion or designated representative presence to</p> <p>24 the facility or office, a communication assessment</p> <p>25 tool for deaf and hard of hearing individuals form</p>

<p style="text-align: right;">Page 21</p> <p>1 CH80850050 may be used to identify the patient, 2 companion/designated representatives requested 3 communication aides, if any." So this is not a 4 required procedure, but rather discretionary at 5 registration? 6 MR. YOUNG: I'll object to the extent 7 for the procedure. If you could clarify what you 8 mean by that term. 9 MR. ROZYNSKI: There's a title saying 10 procedure under the policy, that's what I'm 11 referring to. 12 MR. YOUNG: But there's, like, many, 13 many letters to that. I don't want to -- are you 14 talking about the assessment of the need or talking 15 about the form? Which one are you talking about? 16 MR. ROZYNSKI: I think my question was 17 clear. I understand my question. If you have an 18 objection to form, the objection's noted. 19 But let's repeat the last question. 20 (The Court Reporter reads back the 21 requested text.) 22 MR. YOUNG: Okay. Same objection. 23 Q. Okay. So is it discretionary or 24 required? 25 MR. YOUNG: Again, are you talking</p>	<p style="text-align: right;">Page 23</p> <p>1 MR. YOUNG: I think it's an improper 2 question. I don't think she's required to offer an 3 opinion on anything. 4 MR. ROZYNSKI: So on what privilege are 5 you instructing the witness not to answer? 6 MR. YOUNG: We have a Tennessee case, a 7 witness can not be required to offer an opinion. 8 MR. ROZYNSKI: Under what Federal rule? 9 MR. YOUNG: We have a Tennessee case on 10 it. Do you have a Federal rule saying a witness 11 can't be required to offer an expert opinion? 12 MR. ROZYNSKI: I have Federal Rules of 13 Civil Procedure that says the only way you can stop 14 a witness from answering a question is based on 15 privilege. And there's no privilege here, so. 16 MR. YOUNG: Let me think about this for 17 a second. Could you just hold on? 18 (A recess transpired.) 19 MR. YOUNG: All right. I don't think 20 it's relevant. I can say that she's not going to 21 be speaking as a 30(b)(6) witness when she responds 22 to that question. 23 MR. ROZYNSKI: Sure. 24 MR. YOUNG: But if you can answer the 25 question as asked. Over my objection.</p>
<p style="text-align: right;">Page 22</p> <p>1 about the form? 2 MR. ROZYNSKI: Yes. 3 MR. YOUNG: Okay. 4 A. Based on policy, it may be used so the 5 form is not -- from my interpretation, I don't have 6 a problem with it. 7 Q. Okay. 8 A. It may be used. So it's not actually 9 required to be used. 10 Q. Okay. Do you know why it's not 11 required? 12 A. No, I do not. 13 Q. Do you believe that it's a good 14 practice to use this form? 15 A. That would be my personal opinion. 16 Q. Yes. 17 MR. YOUNG: I'll object to the form of 18 the question. You asked about what the company 19 policy is. 20 Q. I'm asking about your opinion. 21 MR. YOUNG: That's an improper 22 question. It's about the company's position on 23 these things. 24 MR. ROZYNSKI: Are you instructing the 25 witness not to answer?</p>	<p style="text-align: right;">Page 24</p> <p>1 It's irrelevant. I think it's improper 2 to ask her opinion on an issue like this. She's 3 certainly not testifying as a 30(b)(6) witness as 4 to the scope of this question. 5 MR. ROZYNSKI: Could you repeat my last 6 question. 7 (The Court Reporter reads back the 8 requested text.) 9 Q. So you do believe that it would be best 10 practices to use this form? 11 MR. YOUNG: Same objections. 12 Go ahead. 13 A. My person opinion? 14 Q. Yes. 15 MR. YOUNG: Go ahead. 16 A. Is that it would be best practice, but 17 that does not mean that it's the only practice. 18 Q. What are the other ways in which 19 communication assessments can be done other than 20 through this form at Parkwest? 21 A. Instead of the form? 22 Q. Yes. 23 A. Just patient preference and discussion 24 with the patient, verbalization or communication 25 with the patient what their request is.</p>

<p style="text-align: right;">Page 25</p> <p>1 Q. And how would one do that? How would</p> <p>2 one communicate with somebody who doesn't speak</p> <p>3 English to assess their communication needs?</p> <p>4 A. Well, if they can't communicate, then</p> <p>5 they're going to contact the house supervisor and</p> <p>6 get an interpreter.</p> <p>7 Q. And they need to contact the house</p> <p>8 supervisor to get a VRI?</p> <p>9 A. Normally they do contact the house</p> <p>10 supervisor to get the VRI.</p> <p>11 Q. Why is that?</p> <p>12 A. That's where it's normally kept and the</p> <p>13 house supervisor knows where it's at. Unless it's</p> <p>14 in certain designated areas where there is a VRI</p> <p>15 housed.</p> <p>16 Q. So whether it be VRI or an in-person</p> <p>17 interpreter, a house supervisor should be contacted</p> <p>18 to obtain that service?</p> <p>19 A. Yes.</p> <p>20 Q. Do you know whether Parkwest instructs</p> <p>21 its staff whether it's advisable to use family</p> <p>22 members or not as interpreters?</p> <p>23 A. Per our policy, I need to refer to --</p> <p>24 Q. Sure.</p> <p>25 A. -- the policy.</p>	<p style="text-align: right;">Page 27</p> <p>1 percent aware that it was required.</p> <p>2 Q. Okay. Have you heard that before?</p> <p>3 A. I had heard that that was the</p> <p>4 recommendation.</p> <p>5 Q. Okay. And why do you think that's a</p> <p>6 recommendation?</p> <p>7 A. Personal opinion again.</p> <p>8 Q. Sure.</p> <p>9 MR. YOUNG: Outside the 30(b)(6).</p> <p>10 Go ahead.</p> <p>11 A. Is that since we have to have somebody</p> <p>12 to interpret or else we can't effectively</p> <p>13 communication with them, then we do not know what</p> <p>14 they're interpreting, or what they're saying.</p> <p>15 There's no way to verify what they're telling the</p> <p>16 patient.</p> <p>17 Q. Does the Parkwest policies, or</p> <p>18 procedures or training inform staff of some of the</p> <p>19 risks of using family members as interpreters?</p> <p>20 A. I believe, referring back to the</p> <p>21 policy, which is on page four, where we talk about</p> <p>22 nonprofessional interpreters, it does talk about</p> <p>23 based on complexity and nature of the</p> <p>24 communication, while we prefer a qualified</p> <p>25 interpreter.</p>
<p style="text-align: right;">Page 26</p> <p>1 Q. And just for the record, the witness is</p> <p>2 referring to Exhibit 2?</p> <p>3 A. P-2.</p> <p>4 Q. Yes.</p> <p>5 A. On page four, J, we discuss</p> <p>6 nonprofessional interpreters. And, basically, even</p> <p>7 though it is not our preference, that if it's the</p> <p>8 patient's request, we will honor that request to</p> <p>9 use a family member or a nonprofessional</p> <p>10 interpreter.</p> <p>11 Q. Are you familiar with the regulations</p> <p>12 of the Affordable Care Act in which it states that</p> <p>13 you are to use medically certified interpreters?</p> <p>14 A. I was not fully aware of that, no.</p> <p>15 Q. Okay. Are you aware of any technical</p> <p>16 guidance or assistance on the Affordable Care Act</p> <p>17 which states that even if a patient wants a family</p> <p>18 member to interpret, that the medical -- that the</p> <p>19 entity should have their own qualified medically</p> <p>20 certified interpreter there to check that the</p> <p>21 interpretation that's being conducted by the family</p> <p>22 members is accurate?</p> <p>23 A. Was I aware of that?</p> <p>24 Q. Yes.</p> <p>25 A. I'm not sure that I was a hundred</p>	<p style="text-align: right;">Page 28</p> <p>1 Q. My question is a bit different. Does</p> <p>2 Parkwest inform staff through its training policies</p> <p>3 or procedures of any of the potential risks of</p> <p>4 using family members as interpreters?</p> <p>5 A. If I could refer back to the CBL</p> <p>6 because I'm not sure, before I can answer that.</p> <p>7 MR. YOUNG: CBL an exhibit.</p> <p>8 MR. ROZYNSKI: I don't think it is yet,</p> <p>9 but we can do an exhibit.</p> <p>10 (Plaintiff's Exhibit 7, Covenant Health</p> <p>11 CBL Accommodating Deaf/Hard of Hearing</p> <p>12 Individuals, was marked for</p> <p>13 identification.)</p> <p>14 Q. Okay. I'm handing you P-7, which is</p> <p>15 the CBL from Covenant Health Accommodating Deaf/</p> <p>16 Hard of Hearing Individuals. Here you go.</p> <p>17 A. Okay. Based on review of the CBL, I do</p> <p>18 not see that list or part of the education.</p> <p>19 Q. Okay. Do you know why Parkwest does</p> <p>20 not have that in their materials, whether it be</p> <p>21 training policies or procedures informing staff of</p> <p>22 potential risks of using family members as</p> <p>23 interpreters?</p> <p>24 A. No, I do not. I mean, just includes</p> <p>25 the information about using patient or family</p>

<p style="text-align: right;">Page 29</p> <p>1 members, but...</p> <p>2 Q. Is it too financially costly to provide</p> <p>3 a sign language interpreter to deaf patients at</p> <p>4 Parkwest?</p> <p>5 A. No.</p> <p>6 Q. Okay. If a patient needed interpreting</p> <p>7 services 24 hours a day, is that something that</p> <p>8 Parkwest could provide?</p> <p>9 A. Explain 24 hours a day. I just want to</p> <p>10 make sure I understand the question. We provide</p> <p>11 services 24/7 so we do provide interpreting</p> <p>12 services 24/7.</p> <p>13 Q. Okay. So if interpreting services are</p> <p>14 requested 24/7, they will be provided 24/7?</p> <p>15 A. Could you give me an example? I just</p> <p>16 want to make sure I understand.</p> <p>17 Q. If a patient requests interpreting</p> <p>18 services 24 hours a day.</p> <p>19 A. 24 hours a day?</p> <p>20 Q. Yes. Is that something that Parkwest</p> <p>21 could provide?</p> <p>22 A. I believe -- I'm not sure that would be</p> <p>23 considered a reasonable accommodation, depending on</p> <p>24 the situation, because we have -- we do have the</p> <p>25 VRI and stuff in between whenever, so we have not</p>	<p style="text-align: right;">Page 31</p> <p>1 interpreter and all, I'm not sure.</p> <p>2 Q. Video remote interpreters provided at</p> <p>3 all times, right?</p> <p>4 A. Yes.</p> <p>5 Q. And that could be provided within</p> <p>6 minutes?</p> <p>7 A. Yes.</p> <p>8 Q. So with VRI available as well, are you</p> <p>9 concerned about coverage of providing interpreting</p> <p>10 services?</p> <p>11 A. No. Am I concerned about it?</p> <p>12 Q. Yes.</p> <p>13 A. No.</p> <p>14 Q. Okay. You said depending on</p> <p>15 availability, what did you mean?</p> <p>16 A. I'm talking about for a face-to-face</p> <p>17 interpreter. I'm not talking about -- I think</p> <p>18 maybe that's my misunderstanding.</p> <p>19 Q. Okay. If a deaf patient requested an</p> <p>20 in-person interpreter, is that something that</p> <p>21 Parkwest would honor?</p> <p>22 A. Yes.</p> <p>23 Q. Is there an evaluation about whether</p> <p>24 it's reasonable or not to have an in-person</p> <p>25 interpreter?</p>
<p style="text-align: right;">Page 30</p> <p>1 been provided 24/7 round the clock continuously for</p> <p>2 a patient. Is that what you're asking?</p> <p>3 Q. No. My question is: Is that something</p> <p>4 that Parkwest could provide if it was requested?</p> <p>5 A. If it was requested?</p> <p>6 Q. Yes.</p> <p>7 A. It would be discussed. And whether it</p> <p>8 was feasible and met reasonable accommodation, I</p> <p>9 believe.</p> <p>10 Q. Okay. So if something is requested,</p> <p>11 there's a discussion with somebody regarding</p> <p>12 whether it's a reasonable request or not?</p> <p>13 A. The 24/7 interpreters is what would be</p> <p>14 the discussion not whether they needed an</p> <p>15 interpreter or not.</p> <p>16 Q. Okay. If a patient said that they</p> <p>17 wanted an interpreter for every single</p> <p>18 communication they had with the doctors or nurses</p> <p>19 or staff at Parkwest, is that something that could</p> <p>20 be provided?</p> <p>21 A. Potentially, yes, it could be provided.</p> <p>22 Q. When you say "potentially", what do you</p> <p>23 mean?</p> <p>24 A. That it could be provided. I'm not --</p> <p>25 based on the circumstances and availability of the</p>	<p style="text-align: right;">Page 32</p> <p>1 A. No.</p> <p>2 Q. Okay. Why would a Parkwest honor that</p> <p>3 request of the deaf person to have an in-person</p> <p>4 interpreter?</p> <p>5 A. Why would they honor that?</p> <p>6 Q. Yeah.</p> <p>7 A. It's normally just based on patient</p> <p>8 request.</p> <p>9 Q. Okay.</p> <p>10 A. On occasion it might be where VRI is</p> <p>11 not feasible to be located in the room.</p> <p>12 Q. Okay. So even if a deaf patient didn't</p> <p>13 want to use the VRI and they preferred an in-person</p> <p>14 interpreter, that would be provided?</p> <p>15 A. Yes.</p> <p>16 MR. YOUNG: Could you repeat that last</p> <p>17 question, please.</p> <p>18 (The Court Reporter reads back the</p> <p>19 requested text.)</p> <p>20 MR. YOUNG: The in-person interpreter</p> <p>21 would be provided?</p> <p>22 MR. ROZYNSKI: Yeah.</p> <p>23 MR. YOUNG: Okay. I wasn't sure what</p> <p>24 you're referring back to.</p> <p>25 Q. Does Parkwest have a waiver form, for</p>

<p style="text-align: right;">Page 33</p> <p>1 instance, if a patient that says: I don't want a 2 VRI, or a professional interpreter, I want my 3 family member. Does Parkwest have a form that they 4 could fill out and say they are declining a 5 professional interpreter either through VRI or in 6 person and they prefer a family member to 7 interpret? 8 A. The only form that I'm aware of is this 9 communication assessment tool. 10 Q. Okay. And on that communication 11 assessment tool, if they don't want a professional 12 interpreter, either through VRI or in-person that 13 would be noted in the assessment tool? 14 A. Yes. 15 Q. And if they did prefer a family member, 16 that would be indicated on that form, correct? 17 A. I do not see that request on this form. 18 Q. Okay. Are there -- is there a free 19 text so that that could be written in? 20 A. Pardon? 21 Q. Is there a free text that that could be 22 written in under other? 23 A. No. 24 Q. So there's no way to formally document 25 whether someone prefers a family member to</p>	<p style="text-align: right;">Page 35</p> <p>1 with staff at Parkwest for someone who does not 2 speak English? 3 A. I'm sorry, should it be used only with? 4 Q. Only for "important communications or 5 all communications with staff"? 6 A. Well, definitely for important 7 communications. Are you talking about 8 interpretative services? 9 Q. Yes. 10 A. Depending on the circumstances, it 11 could be all communication, but specifically for 12 important information. 13 Q. Do hearing patients only get 14 communication during important medical interactions 15 or for all interactions who speak English? 16 A. Who speak English? 17 Q. Yeah. 18 A. All interactions. 19 Q. So do you believe that deaf people 20 should get it for all interactions too? 21 A. I believe they should have effective 22 communication for all interactions. 23 Q. Okay. Effective communication means 24 not only that the staff can communicate everything 25 that they want to the patient, but the patient can</p>
<p style="text-align: right;">Page 34</p> <p>1 interpret? 2 A. Not that I can tell. 3 Q. Okay. Also on page five of the CBL 4 which is Exhibit 7, use of family and friends to 5 facilitate communications it says: "An adult 6 family member or friend should not be used as an 7 interpreter or to facilitate communication with an 8 individual who is defend or hard of hearing unless 9 one specifically requested by the individual, the 10 family member or friend agrees to provide such 11 assistance and reliance on that family member or 12 friend is appropriate under the circumstances." 13 What does it mean "appropriate under the 14 circumstances"? 15 A. That I'm not exactly sure. I think 16 it's based on whether that family or friend is able 17 to, in agreement, and also able to communicate, 18 understanding of what we're talking to them about. 19 Q. So appropriate means that the family 20 member can communicate what is being talked about? 21 A. That would be one option, yes. 22 Q. Anything else? 23 A. Not that I'm aware of right now. 24 Q. Should interpretation be utilized only 25 for important communications or all communications</p>	<p style="text-align: right;">Page 36</p> <p>1 communicate everything they want to the staff, 2 right? 3 A. Basically, yes. 4 Q. Okay. And that both sides shouldn't be 5 limited in any way? 6 A. Pardon? 7 Q. And that both sides; the staff and the 8 patient, shouldn't be limited in any way? 9 A. That is correct. 10 Q. Okay. And I believe this is on the 11 seventh page of the computer based learning of 12 Exhibit 7, it's entitled Deaf/Hard of Hearing 13 Signage. What is this signage that's indicated 14 here? 15 A. It's a magnet. 16 Q. Okay. Where can this magnet be 17 obtained? 18 A. It should be in all the nurses' 19 stations. And if not available, the house 20 supervisor should be able to have access to them. 21 Q. Who's responsible for insuring that the 22 signage is on the white board? 23 A. I'm not sure if it's -- either nurse or 24 the nurse manager. 25 Q. Is there any training or materials that</p>

<p style="text-align: right;">Page 37</p> <p>1 you're aware of that says the nurse manager or 2 nurse is responsible for insuring that this is 3 posted on the white board? 4 A. Only what's in the CBL. 5 Q. And in the CBL does not say who's 6 responsible for that, correct? 7 A. No, it does not. 8 Q. Okay. And why does Parkwest have this 9 signage available to its deaf or hard of hearing 10 patients? 11 A. Why? 12 Q. Yes. 13 A. To alert staff that they are, when they 14 come into the room, that the patient is hard of 15 hearing or deaf. 16 Q. Why is it important to have a sign to 17 alert them of that? 18 A. If they come in and they're not 19 familiar with the patient, so that they know they 20 can effectively communicate with the patient. 21 Q. If the sign is not present on the white 22 board, is there a concern that staff may not know 23 that the person is deaf? 24 A. There is always that possibility, but 25 that should also be part of what's covered in their</p>	<p style="text-align: right;">Page 39</p> <p>1 seven or through the house supervisor? 2 A. Right. 3 Q. So it's not at the registration desk? 4 A. I believe it is at the registration 5 desk. 6 Q. How do you know that? 7 A. I have not verified that. 8 Q. Okay. And then on the next slide on 9 the next page, there's a question that says: 10 "Where can you find the communication assessment 11 tool for deaf or hard of hearing? There's no 12 registration desk." Answer: "Option", correct? 13 A. Not on this question, no. 14 Q. Okay. So people wouldn't be trained as 15 to that? 16 A. No. 17 Q. Okay. Only two pages down there's the 18 procedure to follow for the deaf and hard of 19 hearing. Is this training given to all staff at 20 Parkwest? 21 A. I believe it was. 22 Q. Okay. So all staff should follow this 23 procedure? 24 A. That is our process. 25 Q. Okay. So you don't make a distinction</p>
<p style="text-align: right;">Page 38</p> <p>1 hand off communication. 2 Q. So is a sign not necessary? 3 A. I did not say that, but I'm saying it's 4 just a tool. 5 Q. Okay. And would that be noted anywhere 6 in the patient's records if this signage was 7 utilized? 8 A. That I'm not aware. 9 Q. Few pages down there's a slide that's 10 entitled: Complete The Communication Assessment 11 Tool For Deaf and Hard of Hearing. In here it 12 says: "This form should be completed by the deaf 13 or hard of hearing person, placed in the chart and 14 updated as necessary." Is this form typically 15 given to the deaf person to fill out? 16 A. I'm not aware of the exact process of 17 how that occurs other than at registration. 18 Q. These forms are not available at the 19 registration desk, correct? These forms, the 20 communication assessment tool for deaf or hard of 21 hearing is not available at the registration desk, 22 correct? 23 A. I did not say that. 24 Q. So on this slide it says the form is 25 available in the deaf hard of hearing policy, page</p>	<p style="text-align: right;">Page 40</p> <p>1 between social workers, or nurses, or doctors in 2 terms of the procedures to follow for deaf and hard 3 of hearing people? 4 A. Well, it's basically for our employees. 5 Q. Okay. So anyone who's an employee? 6 A. Yes. 7 Q. And that would be people at 8 registration? 9 A. It could be. 10 Q. It could be nurses, social workers? 11 A. Yes. 12 Q. Okay. This doesn't say only for 13 registration or triage, correct? 14 A. Correct. 15 Q. So it says: "Procedure to follow for 16 deaf -- for the deaf and hard of hearing. Step 17 one, complete communication assessment tool for 18 deaf or hard of hearing." When a deaf or hard of 19 hearing patient, companion, designated 20 representative presence to the facility, complete 21 the communication assessment tool with the 22 individual and have him/her sign the form." Why 23 does Parkwest want the patient to sign the form? 24 A. Why do they want the patient to sign 25 the form?</p>

<p style="text-align: right;">Page 41</p> <p>1 Q. Yes.</p> <p>2 A. It's a way to verify that's what the</p> <p>3 patient actually requested.</p> <p>4 Q. Okay. And if the patient doesn't sign</p> <p>5 the form, there's no way to verify that's what the</p> <p>6 patient requested?</p> <p>7 A. Technically.</p> <p>8 Q. So the next sentence says:</p> <p>9 "Communication assessment tool is attached to the</p> <p>10 deaf or hard of hearing policy on Covenant."</p> <p>11 What's Covenant?</p> <p>12 A. Covenant is our internal intranet.</p> <p>13 Q. Do all staff have access to Covenant?</p> <p>14 A. Pardon?</p> <p>15 Q. Do all staff at Parkwest have access to</p> <p>16 Covenant?</p> <p>17 A. Yes, they do.</p> <p>18 Q. "Use of Stratus, video remote</p> <p>19 interpreting service, may be useful in helping the</p> <p>20 individual complete the form." Why would use of</p> <p>21 Stratus help -- be useful in helping an individual</p> <p>22 complete the form?</p> <p>23 A. I am not sure.</p> <p>24 Q. So if a person who primarily speaks</p> <p>25 American sign language presence and is given a</p>	<p style="text-align: right;">Page 43</p> <p>1 Q. If a medical staff member at Parkwest</p> <p>2 looks at the medical record and sees that a deaf</p> <p>3 person has presented and a communication assessment</p> <p>4 tool has not been filled out, should they follow</p> <p>5 this procedure and fill out the communication</p> <p>6 assessment tool for that deaf or hard of hearing</p> <p>7 patient?</p> <p>8 A. Preferably, yes.</p> <p>9 Q. That would be following your Parkwest</p> <p>10 procedure?</p> <p>11 A. Yes.</p> <p>12 Q. There's no policy, or procedure or</p> <p>13 practice that you're aware of at Parkwest that if a</p> <p>14 deaf person refuses a VRI they are -- and prefers</p> <p>15 an in-person interpreter, they won't get an</p> <p>16 in-person interpreter because they refused the VRI?</p> <p>17 A. Repeat it again. I just want to make</p> <p>18 sure I answer correctly because...</p> <p>19 Q. Sure. Are you aware of any practice,</p> <p>20 policy or procedure at Parkwest which informs staff</p> <p>21 that if a deaf person declines to use a VRI and</p> <p>22 prefers an in-person interpreter, that because they</p> <p>23 declined the VRI they are not entitled to an</p> <p>24 in-person interpreter?</p> <p>25 A. Absolutely not.</p>
<p style="text-align: right;">Page 42</p> <p>1 form, you do not know why using Stratus would be</p> <p>2 helpful for them in completing the form?</p> <p>3 A. Only if they had questions about the</p> <p>4 form and they needed clarification.</p> <p>5 Q. Okay. Are you aware if deaf people who</p> <p>6 primarily speaking American sign language may have</p> <p>7 trouble in communicating in English?</p> <p>8 A. I am not aware.</p> <p>9 Q. And then the next sentence says:</p> <p>10 "Insure the form is put in the patient's medical</p> <p>11 chart." Why is that important?</p> <p>12 A. Yes.</p> <p>13 Q. Why is that important?</p> <p>14 A. Because a medical record is a record of</p> <p>15 their stay, and that's what leads the documentation</p> <p>16 for what the patient had requested, important</p> <p>17 communication through other caregivers.</p> <p>18 Q. Once this communication assessment tool</p> <p>19 is filled out and put in the medical chart, would</p> <p>20 all the medical staff have access to it?</p> <p>21 A. Yes.</p> <p>22 Q. If they recognize that the form was not</p> <p>23 filled out, should they then follow this procedure</p> <p>24 and insure that it's filled out?</p> <p>25 A. Can you rephrase that?</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. And why would they still be entitled to</p> <p>2 an in-person interpreter even if they declined the</p> <p>3 VRI?</p> <p>4 A. They still require effective</p> <p>5 communication.</p> <p>6 Q. Do you know if staff are informed of</p> <p>7 the limitations of utilizing note writing over a</p> <p>8 sign language interpreter with a deaf person?</p> <p>9 A. I am not aware.</p> <p>10 Q. Do you know if writing is slower than</p> <p>11 utilizing an interpreter?</p> <p>12 A. If writing is what?</p> <p>13 Q. Slower?</p> <p>14 A. I do not know.</p> <p>15 Q. Step 3 on this form it says: "If an</p> <p>16 on-site interpreter is requested, use Stratus until</p> <p>17 the on-site interpreter arrives. Insure that the</p> <p>18 deaf or hard of hearing person understands that</p> <p>19 Stratus is only temporary until the on-site</p> <p>20 interpreter arrives at the facility." Is that a</p> <p>21 procedure that staff should follow for deaf or hard</p> <p>22 of hearing patients?</p> <p>23 A. Normally, if they have requested an</p> <p>24 on-site interpreter.</p> <p>25 Q. Do you know what the typical time is?</p>

<p style="text-align: right;">Page 45</p> <p>1 How many hours it takes on average to get in-person 2 interpreter? 3 A. No, I do not. 4 Q. Has it ever been brought to your 5 attention that it takes too long to get an 6 in-person interpreter? 7 A. No, it has not. 8 Q. Okay. Do you know if Parkwest has 9 contracts with more than one sign language 10 interpreting company to provide services? 11 A. We normally use Knoxville Center For 12 The Deaf. 13 Q. Does Parkwest have any other contracts 14 that you're aware of? 15 A. I think Covenant has a contract with 16 VCI, but I'm not sure that we've used them at 17 Parkwest. 18 Q. Is that to be used as a backup in case 19 Knoxville can't cover it? 20 A. I believe so. 21 Q. Okay. And as far as you're aware, VCI 22 has not been called? 23 A. No. 24 Q. Step 4: "Update white boards and 25 signage. White boards and patient frames will have</p>	<p style="text-align: right;">Page 47</p> <p>1 the patient understands what's going to happen. 2 Q. Okay. 3 A. And it's a two-way street. 4 Q. Has effective communication being able 5 to get the gist across or summary of the 6 information or all of the information that a 7 hearing person who spoke English would get? 8 A. It should be whatever the patient needs 9 to be able to make any decisions that they have 10 about their care or treatment. 11 Q. And is that that they should have the 12 equivalent amount of information as a hearing 13 person who speaks English? 14 MR. YOUNG: Asked and answered. 15 A. Yes. 16 Q. Does whether a person receives 17 effective communication have anything to do with 18 whether they ultimately get good treatment or not? 19 MR. YOUNG: I'm sorry, could you repeat 20 that question? 21 Q. I'll rephrase. So if a person has a 22 good medical outcome, that doesn't necessarily mean 23 that they had effective communication throughout 24 their care. Is this right? 25 MR. YOUNG: Object to the form. Calls</p>
<p style="text-align: right;">Page 46</p> <p>1 signage that indicates patient, companion, 2 designated representative is hard of hearing to 3 assist staff to know to identify themselves when 4 entering the room. Place a note next to the 5 patient's call light button at the nurses' station 6 to identify that patient, companion, designated 7 representative is deaf or hard of hearing." Why 8 would you need to place a note next to the 9 patient's call light button? 10 A. When the patient calls out, if they 11 can't hear, you can't -- you have to go to the room 12 to respond instead of answering through the call 13 light. 14 Q. Is one of the reasons why patients use 15 the call button is to communicate they're in pain? 16 A. That would be one. Could be one 17 reason. 18 Q. The next page is: "Effective 19 communication must occur with the following 20 individuals; number one, deaf or hard of hearing 21 patient." What is Parkwest's understanding of 22 effective communication, what that means? 23 A. I believe we had discussed that earlier 24 in regard to where effective communication is where 25 I can communicate what's going to happen and then</p>	<p style="text-align: right;">Page 48</p> <p>1 for speculation, but go ahead. 2 Go ahead. 3 A. I think that still would be an opinion. 4 Q. Okay. My question is: Does effective 5 communication have anything to do with medical 6 outcome? 7 MR. YOUNG: Object to the form. 8 Go ahead, to the extent you can answer. 9 A. No, because I don't know, like I said, 10 it's still my opinion one way or the other. 11 MR. YOUNG: Yeah. I think it's what? 12 A. I don't have any knowledge of... 13 Q. What's your opinion? 14 A. My opinion? 15 Q. Yes. 16 MR. YOUNG: Objection. Lack of 17 foundation, but go ahead. 18 A. It's, basically, that it could, but it 19 might not. 20 Q. Okay. Let's go to the next page. 21 "Accommodating the deaf or hard of hearing. 22 Effective communication is critical in healthcare. 23 Miscommunication may lead to misdiagnosis or 24 unwanted treatment." Is that the position of 25 Parkwest?</p>

<p style="text-align: right;">Page 49</p> <p>1 A. Yes.</p> <p>2 Q. Do you know why it says</p> <p>3 miscommunication may lead to misdiagnosis or</p> <p>4 unwanted treatment?</p> <p>5 A. I believe because that is a potential.</p> <p>6 Q. A potential what?</p> <p>7 A. That it could occur.</p> <p>8 Q. Why is that?</p> <p>9 A. Just with any communication, if you</p> <p>10 have miscommunication it could lead to</p> <p>11 misunderstandings.</p> <p>12 Q. Do you agree that even one word that is</p> <p>13 mis communicated could result in a negative</p> <p>14 outcome?</p> <p>15 A. There is that possibility.</p> <p>16 Q. Okay. Do Parkwest staff receive any</p> <p>17 other training, other than this computer based</p> <p>18 learning module, regarding accommodating deaf or</p> <p>19 hard of hearing individuals?</p> <p>20 A. That is what we currently have.</p> <p>21 Q. Is that all that you currently have for</p> <p>22 the last three years?</p> <p>23 A. Yes.</p> <p>24 Q. And are all staff required to do this</p> <p>25 module every year?</p>	<p style="text-align: right;">Page 51</p> <p>1 A. Only at the request?</p> <p>2 Q. Correct. So, for instance, if a staff</p> <p>3 member at Parkwest sees that the person is deaf and</p> <p>4 is communicating in sign language, are they not to</p> <p>5 offer interpreting services? Do they have to wait</p> <p>6 until a request is made before they do anything?</p> <p>7 A. No, you don't have to wait.</p> <p>8 Q. So should they offer?</p> <p>9 A. They could offer.</p> <p>10 Q. Do you know if it's encouraged,</p> <p>11 recommended or a practice --</p> <p>12 A. I have no knowledge of what the staff</p> <p>13 are actually practicing.</p> <p>14 Q. Okay. And you don't know if they're</p> <p>15 trained to do that?</p> <p>16 A. I do not know.</p> <p>17 Q. And why is it -- why shouldn't staff</p> <p>18 just wait until a request is made before providing</p> <p>19 an interpreter?</p> <p>20 A. Again, it's part of being able to</p> <p>21 effectively communicate with your patient.</p> <p>22 Q. And why would just waiting until a</p> <p>23 request is made not contribute to effective</p> <p>24 communication?</p> <p>25 A. Well, if they are not aware or able to</p>
<p style="text-align: right;">Page 50</p> <p>1 A. Yes.</p> <p>2 Q. This particular one?</p> <p>3 A. Yes.</p> <p>4 Q. Okay.</p> <p>5 (A recess transpired.)</p> <p>6 Q. I want you to go to the answer which is</p> <p>7 Exhibit P-6. And go to Paragraphs 76 and 77.</p> <p>8 When's the last time you reviewed the Affordable</p> <p>9 Care Act or the regulations therein?</p> <p>10 A. To the best of my recollection, it</p> <p>11 would have been either the end of 2016 or the first</p> <p>12 of 2017.</p> <p>13 Q. How were you made aware of the</p> <p>14 regulations, the new regulations of the Affordable</p> <p>15 Care Act?</p> <p>16 A. I believe there was communication sent</p> <p>17 out electronically. And I do not remember if it</p> <p>18 came from risk management or if it was something</p> <p>19 that we received via, like an outside source, like</p> <p>20 the joint commission or CMS.</p> <p>21 Q. Okay. Is it Parkwest's policy,</p> <p>22 practice or procedure to only provide interpreting</p> <p>23 services when an affirmative request is made from a</p> <p>24 person who primarily speaks a language other than</p> <p>25 English?</p>	<p style="text-align: right;">Page 52</p> <p>1 communicate the care and treatment that they're</p> <p>2 providing to the patient.</p> <p>3 Q. So waiting until a request is made</p> <p>4 would not provide effective communication?</p> <p>5 A. It could impair it.</p> <p>6 MR. ROZYNSKI: I'll mark a copy of the</p> <p>7 complaint as the next exhibit.</p> <p>8 (Plaintiff's Exhibit 8, Complaint, was</p> <p>9 marked for identification.)</p> <p>10 Q. Okay. I want you to, in the marked</p> <p>11 copy of the complaint, I want you to look at page</p> <p>12 11 of this complaint.</p> <p>13 I want you to go to Paragraph 64. It</p> <p>14 says: "Federal regulations implementing Section</p> <p>15 1557 of the Patient Protection Affordable Care Act</p> <p>16 provides that one covered entity shall offer a</p> <p>17 qualified interpreter to an individual with limited</p> <p>18 English proficiency, an oral interpretation is a</p> <p>19 reasonable step to provide meaningful access for</p> <p>20 that individual with limited English proficiency."</p> <p>21 And two: "A covered entity shall use a</p> <p>22 qualified translator when translating written</p> <p>23 content on paper or electronic form." Does</p> <p>24 Parkwest have any written policies or procedures in</p> <p>25 place to insure that it can comply with this</p>

<p style="text-align: right;">Page 53</p> <p>1 regulation?</p> <p>2 MR. YOUNG: I'll object to this line of</p> <p>3 questions that cite laws that may not -- may call</p> <p>4 for legal opinion or to the extent it may -- I</p> <p>5 object to the lines of questions to the extent the</p> <p>6 questions make assertions of law that are prior</p> <p>7 context of that law, which may add additional</p> <p>8 understanding of what is meant here and the full</p> <p>9 text of what is being communicated. To the extent</p> <p>10 she can answer in her 30(b)(6) capacity, she can</p> <p>11 address that.</p> <p>12 MR. ROZYNSKI: So does -- just repeat</p> <p>13 the last question.</p> <p>14 (The Court Reporter reads back the</p> <p>15 requested text.)</p> <p>16 A. I believe that is the policies that</p> <p>17 we've discussed already.</p> <p>18 Q. Which policy? That says that Parkwest</p> <p>19 shall offer a qualified interpreter to an</p> <p>20 individual with limited English proficiency.</p> <p>21 A. The deaf and hard of hearing?</p> <p>22 Q. Yes.</p> <p>23 A. Yes.</p> <p>24 Q. Can you show me where in there it says</p> <p>25 that staff should offer an interpreter? You're</p>	<p style="text-align: right;">Page 55</p> <p>1 offer of a qualified interpreter?</p> <p>2 A. It's an assessment tool to see what the</p> <p>3 patient --</p> <p>4 Q. Is requesting?</p> <p>5 A. Is requesting or prefers.</p> <p>6 Q. Okay. There's nothing in the policy</p> <p>7 that tells Parkwest staff that they should</p> <p>8 affirmatively offer a qualified interpreter to the</p> <p>9 deaf person?</p> <p>10 MR. YOUNG: Objection. Asked answer</p> <p>11 answered.</p> <p>12 Q. You can answer.</p> <p>13 MR. YOUNG: I think it's already been</p> <p>14 asked and answered.</p> <p>15 A. There's also a policy statement on page</p> <p>16 one.</p> <p>17 Q. Okay.</p> <p>18 A. It says: "Each facility or office</p> <p>19 covered by this policy which in compliance with</p> <p>20 applicable law make available auxiliary aides and</p> <p>21 services to the individuals who are deaf or hard of</p> <p>22 hearing when necessary to afford such individuals</p> <p>23 and equal opportunity to access and benefit from</p> <p>24 the facilities or offices services.</p> <p>25 Q. Okay. Anywhere else where you believe</p>
<p style="text-align: right;">Page 54</p> <p>1 looking at what exhibit?</p> <p>2 A. P-2.</p> <p>3 Q. Okay.</p> <p>4 A. On page two, Procedure C, if a deaf or</p> <p>5 hard of hearing patient, companion/designated</p> <p>6 representative requests a qualified interpreter,</p> <p>7 the nursing unit or other patient care area will</p> <p>8 contact the administrative supervisor, officer,</p> <p>9 manager without unnecessary delay with the</p> <p>10 information pertaining to."</p> <p>11 Q. Okay. So that's when a deaf person</p> <p>12 requests?</p> <p>13 A. Yes.</p> <p>14 Q. Where does it say in there that staff</p> <p>15 should offer?</p> <p>16 A. Procedure A. When we have that -- when</p> <p>17 they come into the facility that we offer the</p> <p>18 communication assessment tool for the deaf and hard</p> <p>19 of hearing individuals. So that's where we offer</p> <p>20 them the option of what they -- any assistive</p> <p>21 devices that they may need.</p> <p>22 Q. Okay. So they say -- it says that they</p> <p>23 may offer the tool, right?</p> <p>24 A. Yes.</p> <p>25 Q. And you're saying that this form is an</p>	<p style="text-align: right;">Page 56</p> <p>1 that it says that Parkwest should offer qualified</p> <p>2 interpreters to deaf individuals other than what</p> <p>3 you've already testified to?</p> <p>4 A. I think that's it.</p> <p>5 Q. Okay. And is there anywhere in</p> <p>6 Parkwest policies or procedures which says that you</p> <p>7 should use an interpreter to translate written</p> <p>8 content for deaf individuals?</p> <p>9 MR. YOUNG: Objection. Asked and</p> <p>10 answered also.</p> <p>11 Q. Is there anywhere --</p> <p>12 A. Repeat that.</p> <p>13 Q. Is there anywhere in Parkwest's</p> <p>14 policies or procedures which state that staff</p> <p>15 should use an interpreter with deaf or hard of</p> <p>16 hearing individuals for written content?</p> <p>17 A. Other than what we've already</p> <p>18 discussed?</p> <p>19 Q. Okay. So then there is no written</p> <p>20 statement that says you have to use a qualified</p> <p>21 interpreter for written content then?</p> <p>22 MR. YOUNG: Objection, that misstates</p> <p>23 prior testimony.</p> <p>24 Q. So there is somewhere that says that</p> <p>25 affirmatively? Could you show me where?</p>

<p style="text-align: right;">Page 57</p> <p>1 A. Well, an example, on page four of the 2 policy. This is specifically talking about 3 nonprofessional interpreters, but one of the things 4 that lists some of the information about 5 circumstances may be sufficiently lengthy or 6 complex required interpreter includes consent for 7 treatment, surgery or procedures, education-related 8 medication, discharge instructions, et cetera. 9 Q. Okay. So that's when you're using 10 family members as interpreters? 11 A. No. It's, basically, stating that -- 12 it's under that section, that it states these are 13 circumstances that may be sufficiently lengthy or 14 complex to require an interpreter. 15 Q. And this is advising people of that 16 when they're using family members as interpreters? 17 A. Yes. 18 Q. Okay. And why is it that you should 19 use qualified interpreter when presenting consent 20 forms, even if family members are interpreting? 21 A. Well, I think that's based on what's in 22 the policy talking about complexity and the nature 23 of the communication. 24 Q. Okay. 25 A. And the medical terminology.</p>	<p style="text-align: right;">Page 59</p> <p>1 MR. YOUNG: I think that's been asked 2 and answered, but go ahead. 3 Q. Is there anywhere -- 4 MR. ROZYNSKI: Could you repeat my last 5 question, sorry. 6 (The Court Reporter reads back the 7 requested text.) 8 A. Other than what we've already 9 discussed? 10 Q. Nothing else? 11 A. Nothing else. 12 Q. Has there been, you said that there's a 13 complaint database at Parkwest? 14 A. Yes. 15 Q. How does one get into the complaint 16 database in Parkwest? 17 A. I don't know because I don't get into 18 it. 19 Q. Okay. So you have no idea how 20 complaints are lodged at Parkwest? 21 A. Yes, I do. 22 Q. How are they lodged? 23 A. They either come through different 24 either letter or phone calls to our, normally, our 25 patient representative.</p>
<p style="text-align: right;">Page 58</p> <p>1 Q. So is it Parkwest's position that 2 family members can not interpret consent forms? 3 A. That's not what this said. 4 Q. So it would be okay for family members 5 to interpret consent forms? 6 A. If that is the patient's request. 7 Q. Are you familiar with how Parkwest 8 insures that it's VRI has good internet connection? 9 A. I know that's related to an IT issue 10 and IT stuff. So I personally do not know how that 11 is. 12 Q. Okay. So you don't know how Parkwest 13 insures that its VRI has a good internet connection 14 at all times? 15 A. No, I am not aware. 16 Q. Okay. Does Parkwest have any policies 17 or procedures that you're aware of that would 18 encompass Paragraph 66 where it says: "The 19 Affordable Care Act provides that a covered entity 20 shall take appropriate steps to insure that the 21 communications with individuals with disabilities 22 are as effective as communications with others in 23 healthcare programs and activities." 24 MR. YOUNG: I'm sorry, which is? 25 MR. ROZYNSKI: Paragraph 66.</p>	<p style="text-align: right;">Page 60</p> <p>1 Q. Okay. Does one have to fill out a 2 form, a grievance form? 3 A. No. I mean, they can use the form, but 4 it would either be a phone call or a written 5 letter. 6 Q. Okay. Did you personally search the 7 complaint database? 8 A. Me personally, no. 9 Q. Did you look for any complaints? 10 A. Pardon? 11 Q. Did you look for any complaints? 12 A. I requested to see if we had any. 13 Q. And did you find Mr. Tomei's Federal 14 lawsuit in your database? 15 A. No, I did not. 16 Q. So would a lawsuit not be contained in 17 that database? 18 A. A lawsuit would not necessarily be in 19 the complaint database. It would be based on if a 20 complaint had come through as either a complaint or 21 grievance to our patient rep. Just because it's a 22 lawsuit would not necessarily have meant that it 23 gets put into that, because if there was no 24 official complaint lodged we would have not been 25 aware of that.</p>

<p style="text-align: right;">Page 61</p> <p>1 Q. Are you aware of an ADA Business Brief 2 entitled: Communicating With People Who Are Deaf 3 or Hard of Hearing In Hospital Settings? 4 A. I am not sure. 5 Q. Okay. Have you ever been made aware of 6 materials put out by the Department of Justice 7 which says that it's inappropriate to ask family 8 members or other companions to interpret for a 9 person who is deaf or hard of hearing because 10 family members may be unable to interpret 11 accurately in an emotional situation that often 12 exists in medical emergencies? 13 MR. YOUNG: I'll object. It calls for 14 a response that's not within the scope of the 15 30(b)(6) testimony, but go ahead. 16 A. I am not absolutely sure. I know that 17 when we first started working on the policy 18 revisions that we looked at some references and 19 stuff that I'm not -- it's been a while since I've 20 looked at it, so I do not have detailed knowledge. 21 Q. Okay. Are you responsible for paying 22 the VRI bills at Parkwest? 23 A. No. 24 Q. Do you know who's responsible for that? 25 A. No, I do not. I am not aware.</p>	<p style="text-align: right;">Page 63</p> <p>1 Report, was marked for identification.) 2 Q. This is Plaintiff's Exhibit 9. It's a 3 case report of Stratus. Could you take a look at 4 this and tell me what this is? 5 A. Okay. 6 Q. Do you know what that is? 7 A. Yes. It's one of the reports that can 8 be run. I'm not sure. It looks like it was ran on 9 February the 12th through October 2017. 10 Q. Do you know if this is the times VRI 11 was used for sign language during that month? 12 A. Since I'm not sure, that's what it 13 appears to be, but I don't know if it's 100 percent 14 accurate. 15 Q. Okay. 16 MR. ROZYNSKI: I don't have any other 17 questions. 18 EXAMINATION BY MR. YOUNG: 19 Q. Okay. Let's start with the case 20 report. Is that a case report for issues with 21 interpretation during the month of October 2017? 22 A. I believe it is. 23 Q. Okay. So that's not the number of 24 times Stratus has been used? 25 A. No.</p>
<p style="text-align: right;">Page 62</p> <p>1 Q. Do you know who's responsible for 2 paying the Knoxville Center for the Deaf bills? 3 A. I am not 100 percent sure. 4 Q. Do you know who Carol Finley is? 5 A. She's one of our house supervisors. 6 Q. Does she still work at Parkwest? 7 A. Yes. 8 Q. Is she a nurse? 9 A. Yes. 10 Q. And where is she house supervisor? 11 What department? 12 A. House supervisor is over the entire 13 hospital, her administrative supervisor. 14 Q. Do you know what Unit 3 Riverstone is? 15 A. Yes. 16 Q. What's that? 17 A. It's a cardiac specialty unit, special 18 procedure unit. 19 Q. Are you familiar with how to look up 20 whether VRI was used at Parkwest on a given month? 21 A. I have the ability to run some reports. 22 I'm not sure how detailed it is. 23 MR. ROZYNSKI: I'll mark this Exhibit 24 9. 25 (Plaintiff's Exhibit 9, Stratus Case</p>	<p style="text-align: right;">Page 64</p> <p>1 Q. That's a report you can run to insure 2 whether or not there's problems listed. Is that 3 true? 4 A. Correct. 5 Q. Okay. And look at Exhibit P-9? 6 A. Yes. 7 Q. Okay. Now, with regard to Stratus 8 itself, this is a system that was put in in 2017? 9 A. Yes. 10 Q. Okay. And did we upgrade our IT or do 11 we do things with IT to insure that it would 12 function properly? 13 A. Yes. 14 Q. Have you received reports of it not 15 operating correctly? 16 A. No, I have not. 17 Q. What was the goal of putting Stratus 18 in? 19 A. We had a previous system in place and 20 the Stratus system was more robust, and it was also 21 easier for staff to use, and also easier for 22 patients to use and see. Before what we had, it 23 was more just like, almost like a TV on a stand. 24 And with the Stratus it's more an iPad on an 25 adjustable stand so it can be moved to where, if</p>

<p style="text-align: right;">Page 65</p> <p>1 the patient's laying down in the bed, or sitting up 2 in the bed, or however, so it's easier for the 3 patient to actually see. 4 Q. Is it dedicated solely to translator 5 functions? 6 A. Yes. 7 Q. Okay. On page three of the policy, 8 what does that say? 9 A. "After consultation with the individual 10 who is deaf or hard of hearing, make available 11 auxiliary aides and services to afford such 12 individual an equal opportunity to access and 13 benefit from the facilities services." 14 Q. It says make available. Is that 15 synonymous to offer to? 16 A. I believe so. 17 Q. This is training we provide to our 18 employees? 19 A. Yes. 20 Q. And here the employees are being 21 trained to offer auxiliary aides and services to 22 afford equal opportunity to access benefits of the 23 facility's services? 24 A. Yes. 25 Q. Would that include -- this is part of a</p>	<p style="text-align: right;">Page 67</p> <p>1 statutes, you do your own investigation, correct? 2 A. Correct. 3 Q. But do you also rely on the advice of 4 counsel employed by Covenant Health? 5 A. Yes. 6 Q. Covenant Health has its own general 7 counsel, lawyers, that are employed by it. Is that 8 correct? 9 A. Correct. 10 Q. And do you work with them in 11 formulating policies? 12 A. Absolutely. 13 Q. Making your sure they're up-to-date and 14 in compliance? 15 A. Yes. 16 Q. And this policy which you're familiar 17 with is some of that advice and investigation and 18 conclusion. Is that right? 19 A. Correct. 20 Q. Could we see that form again? 21 MR. YOUNG: All right. I'm going to 22 meet with my co-counsel. We may be done. 23 (A recess transpired.) 24 MR. YOUNG: I think we're done. 25 (Deposition was concluded at 5:00 p.m.)</p>
<p style="text-align: right;">Page 66</p> <p>1 hearing -- hard of hearing individuals training, 2 right? 3 A. Correct. 4 Q. So here they're being trained to offer 5 auxiliary services to the hard of hearing? 6 A. Yes. 7 Q. That would include interpreters? 8 A. Yes. 9 Q. Okay. With regard to this form, the 10 form is supposed to be filled out and is supposed 11 to be put in the chart. Is that right? 12 A. Correct. 13 Q. Now, you were asked a number of 14 questions about every caregiver has to do their own 15 form? 16 A. No. 17 Q. Okay. So that should be done once and 18 put in the chart? 19 A. Correct. 20 Q. So everybody knows what supposed to be 21 offered? 22 A. Correct. 23 Q. Okay. With regard to how you keep 24 yourself up-to-date with regard to the compliance 25 of our policies with various Federal laws and</p>	<p style="text-align: right;">Page 68</p> <p>1 C E R T I F I C A T E 2 STATE OF TENNESSEE 3 COUNTY OF KNOX 4 I, Catherine Golembeski, Licensed Court 5 Reporter and Registered Professional Reporter, do 6 hereby certify that I reported in machine shorthand 7 the deposition of SHARON MONDAY, called as a 8 witness at the instance of the Plaintiff, that the 9 said witness was duly sworn by me; that the reading 10 and subscribing of the deposition by the witness 11 was waived; that the foregoing pages were 12 transcribed under my personal supervision and 13 constitute a true and accurate record of the 14 deposition of said witness. 15 I further certify that I am not an attorney 16 or counsel of any of the parties, nor an employee 17 or relative of any attorney or counsel connected 18 with the action, nor financially interested in the 19 action. 20 <i>Cathy J. Golembeski</i> 21 _____ 22 Catherine Golembeski, LCR# 778 23 Registered Professional Reporter 24 25</p>

<hr/> <p style="text-align: center;">1</p> <hr/> <p>1 13:3</p> <p>10 12:15 15:10,21</p> <p>100 62:3 63:13</p> <p>11 12:16 16:9 52:12</p> <p>12/13/19 12:1</p> <p>12th 63:9</p> <p>1557 52:15</p> <p>17th 4:5</p> <p>1st 12:25 13:25 14:20</p>	<p>41 9:4</p> <p>42 8:10</p> <hr/> <p style="text-align: center;">5</p> <hr/> <p>5 11:25</p> <p>5:00 67:25</p> <hr/> <p style="text-align: center;">6</p> <hr/> <p>6 15:15,17,22</p> <p>64 52:13</p> <p>66 58:18,25</p> <hr/> <p style="text-align: center;">7</p> <hr/> <p>7 28:10 34:4 36:12</p> <p>722 7:23</p> <p>76 12:16 15:24 50:7</p> <p>77 12:16 15:24 50:7</p> <hr/> <p style="text-align: center;">8</p> <hr/> <p>8 52:8</p> <p>800 4:6</p> <hr/> <p style="text-align: center;">9</p> <hr/> <p>9 62:24,25 63:2</p> <hr/> <p style="text-align: center;">A</p> <hr/> <p>abilities 19:13</p> <p>ability 62:21</p> <p>absolutely 43:25 61:16 67:12</p> <p>access 17:23 36:20 41:13,15 42:20 52:19 55:23 65:12,22</p> <p>accommodate 10:11</p> <p>accommodating 10:4 11:5 14:13</p>	<p>28:11,15 48:21 49:18</p> <p>accommodation 29:23 30:8</p> <p>accurate 26:22 63:14</p> <p>accurately 61:11</p> <p>Act 9:24 10:8,15 17:3,8 19:11 26:12,16 50:9,15 52:15 58:19</p> <p>activities 58:23</p> <p>ADA 61:1</p> <p>add 53:7</p> <p>additional 53:7</p> <p>address 7:19,21 53:11</p> <p>adjustable 64:25</p> <p>administrative 54:8 62:13</p> <p>admission 18:10 19:13,24</p> <p>adult 34:5</p> <p>advice 67:3,17</p> <p>advisable 25:21</p> <p>advising 57:15</p> <p>affirmative 50:23</p> <p>affirmatively 19:12 55:8 56:25</p> <p>afford 55:22 65:11,22</p> <p>Affordable 9:23 10:8,14 17:3,8 19:10 26:12,16 50:8,14 52:15 58:19</p> <p>afternoon 5:8</p> <p>agency 14:19</p> <p>agents 14:18</p> <p>agree 49:12</p> <p>agreed 4:11,20</p> <p>agreement 34:17</p> <p>agrees 34:10</p>	<p>ahead 24:12,15 27:10 48:1,2,8,17 59:2 61:15</p> <p>aides 20:9 21:3 55:20 65:11,21</p> <p>alert 37:13,17</p> <p>American 18:8 41:25 42:6</p> <p>amount 47:12</p> <p>and/or 14:18</p> <p>Andrew 5:10</p> <p>answering 23:14 46:12</p> <p>appears 63:13</p> <p>applicable 55:20</p> <p>area 12:19 13:16, 18,21 15:3,9 16:4, 8 54:7</p> <p>areas 12:11,14 14:16 15:20 25:14</p> <p>Arnett 4:6</p> <p>arrives 44:17,20</p> <p>ASL 14:19</p> <p>assertions 53:6</p> <p>assess 25:3</p> <p>assessment 18:15 19:12,17,21 20:1,6,24 21:14 33:9,11,13 38:10, 20 39:10 40:17,21 41:9 42:18 43:3,6 54:18 55:2</p> <p>assessments 24:19</p> <p>assigned 11:14, 16,17</p> <p>assist 46:3</p> <p>assistance 26:16 34:11</p> <p>assistive 54:20</p> <p>attached 13:14 41:9</p> <p>attention 45:5</p> <p>attorney 12:21</p>	<p>13:18 15:11,13</p> <p>auxiliary 55:20 65:11,21 66:5</p> <p>availability 30:25 31:15</p> <p>average 45:1</p> <p>aware 6:6 10:10 16:20 17:7 18:14 19:10,14,15 26:14, 15,23 27:1 33:8 34:23 37:1 38:8,16 42:5,8 43:13,19 44:9 45:14,21 50:13 51:25 58:15, 17 60:25 61:1,5,25</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>back 13:9 21:20 24:7 27:20 28:5 32:18,24 53:14 59:6</p> <p>backup 45:18</p> <p>based 14:7,9,13, 23 22:4 23:14 27:23 28:17 30:25 32:7 34:16 36:11 49:17 57:21 60:19</p> <p>basically 15:2 26:6 36:3 40:4 48:18 57:11</p> <p>Baum 5:11</p> <p>bed 65:1,2</p> <p>began 5:2</p> <p>behalf 12:10</p> <p>benefit 55:23 65:13</p> <p>benefits 65:22</p> <p>bills 61:22 62:2</p> <p>bit 28:1</p> <p>board 36:22 37:3, 22</p> <p>boards 45:24,25</p> <p>break 7:15</p> <p>brought 45:4</p> <p>Business 61:1</p>
<hr/> <p style="text-align: center;">2</p> <hr/> <p>2 20:11 26:2</p> <p>20 9:15</p> <p>2016 17:3,7 50:11</p> <p>2017 7:2,3 12:25 13:3 14:1,20 50:12 63:9,21 64:8</p> <p>2018 13:8</p> <p>2019 4:5</p> <p>2300 4:7</p> <p>24 29:7,9,18,19</p> <p>24/7 29:11,12,14 30:1,13</p> <p>2:48 5:2</p>				
<hr/> <p style="text-align: center;">3</p> <hr/> <p>3 44:15 62:14</p> <p>30(b)(6) 23:21 24:3 53:10 61:15</p> <p>30(b)6 8:15 11:23 12:5</p> <p>37804 7:24</p> <p>37901 4:8</p> <hr/> <p style="text-align: center;">4</p> <hr/> <p>4 11:23 12:4 45:24</p>				

button 46:5,9,15	clarification 42:4	company's 22:22	contained 60:16	date 7:1 10:14
<hr/> C <hr/>	clarify 21:7	complaint 16:13 52:7,8,11,12 59:13,15 60:7,19, 20,24	content 10:23 52:23 56:8,16,21	dated 12:1
call 12:5 46:5,9,12, 15 53:3 60:4	clear 6:12,14 15:20 21:17	complaints 16:14 59:20 60:9,11	context 53:7	day 4:5 29:7,9,18, 19
called 5:4 45:22	clock 30:1	complete 38:10 40:17,20 41:20,22	continuous 14:6	deaf 12:24 13:24 14:13 18:6 19:12, 17 20:6,13,22,25 28:15 29:3 31:19 32:3,12 35:19 37:9,15,23 38:11, 12,15,20,25 39:11, 18 40:2,16,18 41:10 42:5 43:2,6, 14,21 44:8,18,21 45:12 46:7,20 48:21 49:18 51:3 53:21 54:4,11,18 55:9,21 56:2,8,15 61:2,9 62:2 65:10
calls 46:10 47:25 59:24 61:13	close 9:15	completed 38:12	continuously 30:1	Deaf/hard 28:11 36:12
capacity 53:10	CMS 9:20 50:20	completeness 15:14	contract 45:15	December 4:5
caption 4:18	co-counsel 67:22	completing 42:2	contracts 45:9,13	decisions 47:9
cardiac 62:17	commission 9:20 50:20	complex 57:6,14	contribute 51:23	declined 43:23 44:2
care 9:9,23 10:8, 15 17:3,8 18:8 19:11 26:12,16 47:10,24 50:9,15 52:1,15 54:7 58:19	communicate 17:10,15 18:7 25:2,4 34:17,20 35:24 36:1 37:20 46:15,25 51:21 52:1	complexity 27:23 57:22	copy 12:6 52:6,11	declines 43:21
caregiver 66:14	communicated 49:13 53:9	compliance 8:13, 20,23 9:6,23 10:20 19:5 55:19 66:24 67:14	corporate 11:15, 18 12:10	declining 33:4
caregivers 42:17	communicating 42:7 51:4 61:2	compliant 9:19	correct 12:18 13:20 14:24 16:5,9 33:16 36:9 37:6 38:19,22 39:12 40:13,14 51:2 64:4 66:3,12,19,22 67:1,2,8,9,19	dedicated 65:4
Carol 62:4	communication 12:24 17:1,23 18:15 19:9,13 20:5,9,24 21:3 24:19,24 25:3 27:13,24 30:18 33:9,10 34:7 35:11,14,22,23 38:1,10,20 39:10 40:17,21 41:9 42:17,18 43:3,5 44:5 46:19,22,24 47:4,17,23 48:5,22 49:9 50:16 51:24 52:4 54:18 57:23	Complies 12:8	correctly 43:18 64:15	defend 34:8
case 5:22 23:6,9 45:18 62:25 63:3, 19,20	communications 34:5,25 35:4,5,7 58:21,22	comply 52:25	costly 29:2	Defendant 14:17
Catherine 4:8,12	companion 20:8, 23 40:19 46:1,6	computer 14:12, 23 36:11 49:17	counsel 10:2 11:8 16:3 67:4,7	Defendant's 12:22 13:22 15:4
CBL 11:7,14 14:3, 5,6 28:5,7,11,15, 17 34:3 37:4,5	companion/ designated 21:2 54:5	computerized 14:7,9	court 4:13 6:9 7:7 21:20 24:7 32:18 53:14 59:6	delay 54:9
Center 5:13 8:6,25 15:16,18,23 45:11 62:2	companions 10:4 12:25 13:25 14:14 16:22 17:10,14,22 18:6 61:8	concern 37:22	Covenant 8:9,24 10:15 12:11 20:12 28:10,15 41:10,11, 12,13,16 45:15 67:4,6	department 61:6 62:11
certificate 4:18	company 22:18 45:10	concerned 31:9, 11	cover 45:19	depend 11:2
certified 26:13,20		concluded 67:25	coverage 31:9	depending 29:23 31:14 35:10
cetera 57:8		conclusion 67:18	covered 37:25 52:16,21 55:19 58:19	deposed 5:6
CH80850050 21:1		conducted 26:21	critical 48:22	deposition 4:2,11 5:14,15,18 6:2 67:25
Chapel 7:23		conference 8:18	current 8:5,11 9:14	designated 20:8, 23 25:14 40:19 46:2,6
chart 38:13 42:11, 19 66:11,18		connection 5:22 58:8,13	<hr/> D <hr/>	desk 38:19,21 39:3,5,12
check 26:20		consent 57:6,19 58:2,5	database 59:13, 16 60:7,14,17,19	
Circle 7:23		considered 29:23		
circumstances 30:25 34:12,14 35:10 57:5,13		consultation 65:9		
cite 53:3		contact 14:19 25:5,7,9 54:8		
Civil 4:4 23:13		contacted 25:17		

<p>detailed 61:20 62:22</p> <p>developed 11:7,9</p> <p>devices 54:21</p> <p>director 9:9</p> <p>disabilities 58:21</p> <p>discharge 57:8</p> <p>discovery 4:4</p> <p>discretionary 21:4,23</p> <p>discuss 26:5</p> <p>discussed 30:7 46:23 53:17 56:18 59:9</p> <p>discussion 24:23 30:11,14</p> <p>disseminated 11:11,19</p> <p>distinction 39:25</p> <p>doctors 30:18 40:1</p> <p>document 12:3 33:24</p> <p>documentation 42:15</p> <p>Draper 4:6</p> <p>duly 5:5</p> <p>duties 9:17</p> <hr/> <p style="text-align: center;">E</p> <hr/> <p>e-mail 8:16 11:25</p> <p>earlier 46:23</p> <p>easier 64:21 65:2</p> <p>educated 11:12</p> <p>education 10:22 11:1,4 28:18</p> <p>education- related 57:7</p> <p>effective 12:23 16:25 19:9 35:21, 23 44:4 46:18,22, 24 47:4,17,23 48:4,22 51:23 52:4</p>	<p>58:22</p> <p>effectively 27:12 37:20 51:21</p> <p>effort 11:8</p> <p>Eisenberg 5:11</p> <p>electronic 52:23</p> <p>electronically 50:17</p> <p>emergencies 61:12</p> <p>emotional 61:11</p> <p>employed 67:4,7</p> <p>employee 40:5</p> <p>employees 14:18 40:4 65:18,20</p> <p>employer 8:5</p> <p>encompass 58:18</p> <p>encouraged 51:10</p> <p>end 50:11</p> <p>English 10:5,12 11:6 16:17,22 25:3 35:2,15,16 42:7 47:7,13 50:25 52:18,20 53:20</p> <p>entering 46:4</p> <p>entire 62:12</p> <p>entities 19:11</p> <p>entitled 36:12 38:10 43:23 44:1 61:2</p> <p>entity 26:19 52:16, 21 58:19</p> <p>equal 55:23 65:12, 22</p> <p>equivalent 47:12</p> <p>evaluation 31:23</p> <p>exact 7:1 10:14 38:16</p> <p>examination 5:1, 7 12:12,14,19 13:21 14:17 15:3, 9,21 16:5,8 63:18</p>	<p>examined 5:6</p> <p>exhibit 11:23,25 12:4,7 15:15,17 20:11,17 26:2 28:7,9,10 34:4 36:12 50:7 52:7,8 54:1 62:23,25 63:2 64:5</p> <p>exists 61:12</p> <p>expect 7:13</p> <p>expert 23:11</p> <p>Explain 29:9</p> <p>expressly 4:19</p> <p>extent 21:6 48:8 53:4,5,9</p> <hr/> <p style="text-align: center;">F</p> <hr/> <p>face-to-face 31:16</p> <p>facilitate 34:5,7</p> <p>facilities 55:24 65:13</p> <p>facility 11:3 20:24 40:20 44:20 54:17 55:18</p> <p>facility's 65:23</p> <p>false 6:5</p> <p>familiar 16:15 17:2 26:11 37:19 58:7 62:19 67:16</p> <p>family 15:6 25:21 26:9,17,21 27:19 28:4,22,25 33:3,6, 15,25 34:4,6,10, 11,16,19 57:10,16, 20 58:2,4 61:7,10</p> <p>feasible 30:8 32:11</p> <p>February 63:9</p> <p>Federal 23:8,10, 12 52:14 60:13 66:25</p> <p>filing 4:18</p> <p>fill 18:17 33:4 38:15 43:5 60:1</p>	<p>filled 19:5,8 20:2 42:19,23,24 43:4 66:10</p> <p>financially 29:2</p> <p>find 39:10 60:13</p> <p>fine 6:23</p> <p>finish 6:16,18,20</p> <p>Finley 62:4</p> <p>firm 5:11</p> <p>folks 10:22</p> <p>follow 39:18,22 40:2,15 42:23 43:4 44:21</p> <p>foremost 6:3</p> <p>form 4:21 18:11, 15,16 19:5,8 20:1, 25 21:15,18 22:1, 5,14,17 24:10,20, 21 32:25 33:3,8, 16,17 38:12,14,24 40:22,23,25 41:5, 20,22 42:1,2,4,10, 22 44:15 47:25 48:7 52:23 54:25 60:2,3 66:9,10,15 67:20</p> <p>formalities 4:17</p> <p>formally 33:24</p> <p>forms 17:17 38:18,19 57:20 58:2,5</p> <p>formulating 67:11</p> <p>foundation 48:17</p> <p>frames 45:25</p> <p>free 33:18,21</p> <p>friend 34:6,10,12, 16</p> <p>friends 15:6 34:4</p> <p>full 53:8</p> <p>fully 26:14</p> <p>function 64:12</p> <p>functions 65:5</p>	<hr/> <p style="text-align: center;">G</p> <hr/> <p>Gay 4:6</p> <p>general 9:16 67:6</p> <p>generally 13:11 16:15</p> <p>gist 47:5</p> <p>give 7:10 12:6 29:15</p> <p>goal 64:17</p> <p>Golembeski 4:8, 12</p> <p>good 5:8 22:13 47:18,22 58:8,13</p> <p>grievance 60:2,21</p> <p>ground 6:1</p> <p>guess 9:8</p> <p>guidance 26:16</p> <p>guide 17:16</p> <hr/> <p style="text-align: center;">H</p> <hr/> <p>Hagood 4:6</p> <p>hand 38:1</p> <p>hanging 28:14</p> <p>handout 13:14</p> <p>happen 46:25 47:1</p> <p>happened 7:1,3,4</p> <p>happening 7:2</p> <p>hard 12:24 13:24 18:6 20:6,13,22,25 28:16 34:8 37:9,14 38:11,13,20,25 39:11,18 40:2,16, 18 41:10 43:6 44:18,21 46:2,7,20 48:21 49:19 53:21 54:5,18 55:21 56:15 61:3,9 65:10 66:1,5</p> <p>head 7:9</p> <p>Health 8:9,24 12:11 20:12 28:10, 15 67:4,6</p>
---	--	--	---	---

healthcare 48:22 58:23 hear 46:11 heard 27:2,3 hearing 4:22 12:24 13:25 18:6 20:6,13,22,25 28:11,16 34:8 35:13 36:12 37:9, 15 38:11,13,21,25 39:11,19 40:3,16, 18,19 41:10 43:6 44:18,22 46:2,7,20 47:7,12 48:21 49:19 53:21 54:5, 19 55:22 56:16 61:3,9 65:10 66:1, 5 helpful 42:2 helping 9:20 41:19,21 him/her 40:22 hold 6:17,19 9:7 23:17 home 7:20 honor 26:8 31:21 32:2,5 hospital 9:23 14:18 61:3 62:13 hours 29:7,9,18, 19 45:1 house 9:11 25:5,7, 9,13,17 36:19 39:1 62:5,10,12 housed 25:15 hundred 26:25 <hr/> I i.e. 15:5 idea 59:19 identification 11:24 12:2 15:19 28:13 52:9 63:1 identify 20:7 21:1 46:3,6 impair 52:5	implementing 52:14 important 6:12 34:25 35:4,6,12,14 37:16 42:11,13,16 improper 22:21 23:1 24:1 in-person 14:11 25:16 31:20,24 32:3,13,20 33:12 43:15,16,22,24 44:2 45:1,6 inappropriate 61:7 include 65:25 66:7 included 11:8 includes 28:24 57:6 including 13:24 individual 34:8,9 40:22 41:20,21 52:17,20 53:20 65:9,12 individuals 11:5 20:7,25 28:12,16 46:20 49:19 54:19 55:21,22 56:2,8,16 58:21 66:1 inform 27:18 28:2 information 28:25 35:12 47:6, 12 54:10 57:4 informed 44:6 informing 28:21 informs 43:20 instance 5:4 6:25 33:1 51:2 instructing 22:24 23:5 instructions 57:8 instructs 25:20 insure 16:16,21 17:9,14,22 18:5 19:4,16 42:10,24 44:17 52:25 58:20 64:1,11	insures 58:8,13 insuring 6:13 11:11 12:23 19:9 36:21 37:2 interactions 35:14,15,18,20,22 internal 41:12 internet 58:8,13 interpret 26:18 27:12 33:7 34:1 58:2,5 61:8,10 interpretation 22:5 26:21 34:24 52:18 63:21 interpretative 35:8 interpreter 13:23 25:6,17 26:10,20 27:25 29:3 30:15, 17 31:1,17,20,25 32:4,14,20 33:2,5, 12 34:7 43:15,16, 22,24 44:2,8,11, 16,17,20,24 45:2,6 51:19 52:17 53:19, 25 54:6 55:1,8 56:7,15,21 57:6, 14,19 interpreters 15:5 16:16,21 18:3 25:22 26:6,13 27:19,22 28:4,23 30:13 31:2 56:2 57:3,10,16 66:7 interpreting 14:19 18:3 27:14 29:6,11,13,17 31:9 41:19 45:10 50:22 51:5 57:20 intranet 41:12 investigation 67:1,17 involved 9:22 ipad 64:24 irrelevant 24:1 issue 24:2 58:9 issues 10:20 63:20	<hr/> J January 12:25 13:3,25 14:20 job 9:6,7,16 joint 9:19 50:20 Justice 61:6 <hr/> K knowledge 48:12 51:12 61:20 Knoxville 4:7 45:11,19 62:2 <hr/> L Lack 48:16 language 16:18, 23 17:11,15,23 18:7,8 20:1 29:3 41:25 42:6 44:8 45:9 50:24 51:4 63:11 Large 4:10 law 5:11 53:6,7 55:20 laws 53:3 66:25 lawsuit 60:14,16, 18,22 lawyer 9:1 lawyers 67:7 laying 65:1 lead 48:23 49:3,10 leads 42:15 learning 14:7,9, 13,23 36:11 49:18 legal 10:2 11:8 53:4 lengthy 57:5,13 letter 59:24 60:5 letters 21:13 level 11:3,15,18	Licensed 4:13 light 46:5,9,13 limitations 44:7 limited 10:5,12 36:5,8 52:17,20 53:20 lines 53:5 list 28:18 listed 64:2 lists 57:4 LLP 4:6 located 32:11 lodged 59:20,22 60:24 long 7:14 8:7 9:3, 13 10:10 45:5 looked 13:19 61:18,20 <hr/> M machine 4:12 made 13:7 50:13, 23 51:6,18,23 52:3 61:5 magnet 36:15,16 make 9:18 15:25 29:10,16 39:25 43:17 47:9 53:6 55:20 65:10,14 making 6:11 67:13 management 11:9 50:18 manager 8:13,23 9:5,10 36:24 37:1 54:9 mandate 18:24 19:2,16,20 mark 15:15 52:6 62:23 marked 11:24 12:1,4 15:18,22 28:12 52:9,10 63:1 married 8:2
--	---	--	---	---

Maryville 7:23	month 62:20 63:11,21	22 23:25 48:16 55:10 56:9,22	P	40:19,23,24 41:3, 4,6 42:16 43:7
materials 28:20 36:25 61:6	moved 64:25	objection's 21:18	P-2 26:3 54:2	45:25 46:1,6,10,21 47:1,8 51:21 52:2, 15 54:5,7 55:3 59:25 60:21 65:3
matter 5:12	Moving 14:16	objections 4:20 24:11	P-6 50:7	patient's 26:8 38:6 42:10 46:5,9 58:6 65:1
meaningful 52:19	N	obtain 25:18	P-7 28:14	patients 10:4 12:24 13:25 16:22 17:10,14,18,22 18:6 29:3 35:13 37:10 44:22 46:14 64:22
means 6:4 14:5 34:19 35:23 46:22	names 8:1	obtained 36:17	P-9 64:5	paying 61:21 62:2
meant 53:8 60:22	nature 27:23 57:22	occasion 32:10	p.m. 5:2 67:25	people 10:11 35:19 39:14 40:3,7 42:5 57:15 61:2
medical 5:13 8:6, 25 15:16,18,23 17:8 26:18 35:14 42:10,14,19,20 43:1,2 47:22 48:5 57:25 61:12	necessarily 47:22 60:18,22	occur 46:19 49:7	pages 38:9 39:17	percent 27:1 62:3 63:13
medically 26:13, 19	needed 29:6 30:14 42:4	occurs 38:17	pain 46:15	person 10:25 19:3,18 24:13 32:3 33:6 37:23 38:13, 15 41:24 43:3,14, 21 44:8,18 47:7, 13,16,21 50:24 51:3 54:11 55:9 61:9
medication 57:8	negative 49:13	October 7:2,3 63:9,21	paper 52:23	person's 19:12
meet 67:22	nod 7:9	off-the-record 8:18	Paragraph 52:13 58:18,25	personal 22:15 27:7
member 26:9,18 33:3,6,15,25 34:6, 10,11,20 43:1 51:3	non-certified 15:5	offer 23:2,7,11 51:5,8,9 52:16 53:19,25 54:15,17, 19,23 55:1,8 56:1 65:15,21 66:4	Paragraphs 12:16 15:24 50:7	personally 10:21, 24 58:10 60:6,8
members 10:20 11:21 13:17 25:22 26:22 27:19 28:4, 22 29:1 57:10,16, 20 58:2,4 61:8,10	nonprofessional 26:6,9 27:22 57:3	offered 66:21	Pardon 5:17 14:25 33:20 36:6 41:14 60:10	persons 14:14 16:17
memory 6:22	Notary 4:9,14	office 20:24 55:18	Parkwest 5:13,23 8:6,25 9:6 10:12, 13,16 11:10,21 12:10 14:11 15:15, 17,23 16:20 17:9, 13,21 18:5,9,15,24 19:4,15 24:20 25:20 27:17 28:2, 19 29:4,8,20 30:4, 19 31:21 32:2,25 33:3 35:1 37:8 39:20 40:23 41:15 43:1,9,13,20 45:8, 13,17 48:25 49:16 51:3 52:24 53:18 55:7 56:1,6 58:7, 12,16 59:13,16,20 61:22 62:6,20	pertaining 54:10
met 30:8	note 44:7 46:4,8	officer 54:8	Parkwest's 46:21 50:21 56:13 58:1	phone 59:24 60:4
middle 7:16	noted 21:18 33:13 38:5	offices 4:6 55:24	part 28:18 37:25 51:20 65:25	place 10:16,17 13:3,10 17:16,17 46:4,8 52:25 64:19
minutes 31:6	notes 4:15	official 8:22 60:24	Parts 17:6	Plaintiff 4:3 5:5
mis 49:13	notice 11:24 12:5	on-site 18:3 44:16,17,19,24	passed 9:24	plaintiff's 11:23, 25 12:4 15:17,22 20:11 28:10 52:8 62:25 63:2
miscommunicati on 48:23 49:3,10	number 12:19 13:18,21 14:17 15:3,10,21 16:9 46:20 63:23 66:13	ongoing 11:16	patient 9:9 20:7, 22 21:1 24:23,24, 25 26:17 27:16 28:25 29:6,17 30:2,16 31:19 32:7,12 33:1 35:25 36:8 37:14,19,20	Plaza 4:7
misdiagnosis 48:23 49:3	nurse 9:12 36:23, 24 37:1,2 62:8	operating 64:15		point 7:9 17:5 19:16
misstates 56:22	nurses 30:18 40:1,10	opinion 22:15,20 23:3,7,11 24:2,13 27:7 48:3,10,13,14 53:4		
misunderstandin g 31:18	nurses' 36:18 46:5	opportunity 55:23 65:12,22		
misunderstandin gs 49:11	nursing 9:10 54:7	option 34:21 39:12 54:20		
module 14:23 49:18,25	O	options 17:24		
modules 11:19	oath 6:4	oral 52:18		
Monday 4:2 5:3 7:20	object 21:6 22:17 47:25 48:7 53:2,5 61:13	outcome 47:22 48:6 49:14		
	objection 21:18,			

policies 9:25 11:12 12:22 13:22 15:4 17:16 27:17 28:2,21 52:24 53:16 56:6,14 58:16 66:25 67:11	20 37:21 presented 43:3 presenting 57:19 previous 9:10 64:19 primarily 41:24 42:6 50:24 primary 16:18,23 17:11,15,23 18:7 prior 9:5,11 10:14 53:6 56:23 privilege 23:4,15 problem 22:6 problems 64:2 procedure 4:5 20:20 21:4,7,10 23:13 39:18,23 40:15 42:23 43:5, 10,12,20 44:21 50:22 54:4,16 62:18 procedures 11:13 12:22 13:22 15:4 20:21 27:18 28:3, 21 40:2 52:24 56:6,14 57:7 58:17 proceedings 5:2 process 19:17,24 38:16 39:24 produced 8:15 12:9,14 professional 4:9, 13 33:2,5,11 proficiency 10:5, 12 52:18,20 53:20 programs 58:23 properly 64:12 Protection 52:15 provide 16:21,25 18:3 29:2,8,10,11, 21 30:4 34:10 45:10 50:22 52:4, 19 65:17 provided 16:17 17:25 29:14 30:1, 20,21,24 31:2,5 32:14,21	providers 17:9 providing 13:23 31:9 51:18 52:2 provision 13:24 Public 4:9,14 pulled 16:13 punishment 6:6 purposes 4:3 pursuant 4:4 put 11:9 42:10,19 60:23 61:6 64:8 66:11,18 putting 64:17 <hr/> Q <hr/> qualified 26:19 27:24 52:17,22 53:19 54:6 55:1,8 56:1,20 57:19 question 6:14,16, 18,19 7:16 21:16, 17,19 22:18,22 23:2,14,22,25 24:4,6 28:1 29:10 30:3 32:17 39:9,13 47:20 48:4 53:13 59:5 questions 4:21 42:3 53:3,5,6 63:17 66:14 <hr/> R <hr/> ran 63:8 reads 21:20 24:7 32:18 53:14 59:6 reason 46:17 reasonable 29:23 30:8,12 31:24 52:19 reasons 46:14 receive 49:16 received 50:19 64:14 receives 47:16	recently 17:4 recess 23:18 50:5 67:23 recognize 42:22 recollection 6:24 50:10 recommendation 27:4,6 recommended 51:11 record 6:13 7:19 8:17 14:4 15:20 26:1 42:14 43:2 records 38:6 refer 25:23 28:5 references 61:18 referring 20:17 21:11 26:2 27:20 32:24 refused 43:16 refuses 43:14 regard 10:22 12:15 18:2 19:7 46:24 64:7 66:9, 23,24 Registered 4:9,13 registration 18:10,18,20 19:19, 20,23 20:2 21:5 38:17,19,21 39:3, 4,12 40:8,13 regulation 53:1 regulations 17:3, 8 26:11 50:9,14 52:14 regulatory 8:13, 19,23 9:6,19 11:8 related 10:1 13:14 58:9 relates 11:5 relation 9:25 16:14 relevant 23:20 reliance 34:11 rely 67:3	remember 6:23 7:2 14:7 50:17 remote 18:2 31:2 41:18 rep 60:21 repeat 16:19 21:19 24:5 32:16 43:17 47:19 53:12 56:12 59:4 rephrase 42:25 47:21 report 63:1,3,20 64:1 Reporter 4:9,13, 14 21:20 24:7 32:18 53:14 59:6 reporter's 6:9 reporters 7:7 reports 62:21 63:7 64:14 represent 5:12 representative 12:10 20:23 40:20 46:2,7 54:6 59:25 representatives 14:18 20:8 21:2 request 4:3 17:18 24:25 26:8 30:12 32:3,8 33:17 50:23 51:1,6,18,23 52:3 58:6 requested 21:2, 21 24:8 29:14 30:4,5,10 31:19 32:19 34:9 41:3,6 42:16 44:16,23 53:15 59:7 60:12 requesting 20:8 55:4,5 requests 29:17 54:6,12 require 17:8 44:4 57:14 required 21:4,24 22:9,11 23:2,7,11 27:1 49:24 57:6 requirement 19:11
--	---	--	--	--

requirements 10:11	S	slower 44:10,13	station 46:5	22
requires 16:20,24,25	scope 24:4 61:14	smoothly 6:2	stations 36:19	talked 15:13 34:20
reserved 4:21	Scott 5:12	social 40:1,10	statutes 67:1	talking 16:3 18:16 21:14,15,25 31:16, 17 34:18 35:7 57:2,22
respond 46:12	search 60:6	solely 65:4	stay 42:15	talks 14:13
responds 23:21	section 52:14 57:12	source 50:19	step 40:16 44:15 45:24 52:19	technical 26:15
response 7:10 61:14	sees 43:2 51:3	speak 11:6 12:20 16:17,22 25:2 35:2,15,16	steps 58:20	Technically 41:7
Responsibilities 20:13	sentence 41:8 42:9	speaking 20:17 23:21 42:6	stop 23:13	telephone 18:4
responsible 10:19,21,24 11:1, 4,11 18:17,25 19:9 36:21 37:2,6 61:21,24 62:1	separate 14:12	speaks 41:24 47:13 50:24	Stratus 41:18,21 42:1 44:16,19 62:25 63:3,24 64:7,17,20,24	telling 27:15
result 49:13	service 25:18 41:19	special 62:17	street 4:7 47:3	tells 55:7
review 13:1 28:17	services 13:23 17:18 29:7,11,12, 13,18 31:10 35:8 45:10 50:23 51:5 55:21,24 65:11,13, 21,23 66:5	specialty 62:17	study 19:7	temporary 44:19
reviewed 14:3,9, 22 15:8 17:2 50:8	Settings 61:3	specific 11:14 19:3	stuff 10:23 29:25 58:10 61:19	Tennessee 4:4,7, 8,10 7:24 23:6,9
revision 13:7,12, 13	seventh 36:11	specifically 34:9 35:11 57:2	subject 6:6 20:13	term 21:8
revisions 61:18	shake 7:8	speculation 48:1	sufficiently 12:21 14:21 15:7 16:1 57:5,13	terminology 57:25
Rights 20:12	Sharon 4:2 5:3 7:20	spoke 47:7	summary 47:5	terms 12:11 40:2
risk 11:9 50:18	shorthand 4:12	staff 9:12 10:20 11:12,21 12:23 13:17,23 14:19 15:6 16:16,21 17:17 25:21 27:18 28:2,21 30:19 35:1,5,24 36:1,7 37:13,22 39:19,22 41:13,15 42:20 43:1,20 44:6,21 46:3 49:16,24 51:2,12,17 53:25 54:14 55:7 56:14 64:21	supervisor 9:11 25:5,8,10,13,17 36:20 39:1 54:8 62:10,12,13	test 6:22
risks 27:19 28:3, 22	show 12:3 15:21, 23 53:24 56:25	stand 64:23,25	supervisors 62:5	testified 56:3
Riverstone 62:14	sides 36:4,7	standards 9:19	supposed 16:16 66:10,20	testify 12:9 16:1,8
RN 9:2,3	sign 18:8 29:3 37:16,21 38:2 40:22,23,24 41:4, 25 42:6 44:8 45:9 51:4 63:11	start 63:19	surgery 57:7	testifying 24:3
robust 64:20	signage 36:13,22 37:9 38:6 45:25 46:1	started 61:17	survey 9:21	testimony 56:23 61:15
room 7:9 32:11 37:14 46:4,11	signature 4:17	state 4:10 7:18 14:4 20:5 56:14	swear 4:14	text 21:21 24:8 32:19 33:19,21 53:9,15 59:7
round 30:1	single 30:17	statement 55:15 56:20	sworn 5:5 6:3	thing 14:8
Rozyński 5:7,10 8:14 21:9,16 22:2, 24 23:4,8,12,23 24:5 28:8 32:22 52:6 53:12 58:25 59:4 62:23 63:16	sitting 65:1	states 19:25 20:21 26:12,17 57:12	synonymous 65:15	things 7:7,9 9:20 10:3 22:23 57:3 64:11
rule 11:23 12:5 23:8,10	situation 29:24 61:11	stating 57:11	system 10:1,18 11:3,7 16:13 64:8, 19,20	time 7:15 44:25 50:8
rules 4:4 6:1 23:12	slide 38:9,24 39:8		T	times 31:3 58:14 63:10,24
run 62:21 63:8 64:1	slight 13:7,12		takes 45:1,5	title 8:22 9:7,8 21:9
			taking 6:9	today 6:12 12:9, 14,22 14:2,21 15:11 16:1,12
			talk 6:11 12:21 13:17 15:11 27:21,	Tomei 5:12
				Tomei's 60:13

tool 20:6,25 33:9, 11,13 38:4,11,20 39:11 40:17,21 41:9 42:18 43:4,6 54:18,23 55:2	ultimately 47:18		
topics 8:15	um-hum 7:8	W	
touching 4:17	unable 61:10	wait 51:5,7,18	
trained 14:17 39:14 51:15 65:21 66:4	understand 15:12 21:17 29:10,16	waiting 51:22 52:3	
training 10:19 12:23 13:22 14:12 27:18 28:2,21 36:25 39:19 49:17 65:17 66:1	understanding 12:13,17 34:18 46:21 53:8	waived 4:19	
transcribe 4:15	understands 44:18 47:1	waiver 32:25	
transcript 6:11	unit 9:10 54:7 62:14,17,18	wanted 30:17	
translate 56:7	unnecessary 54:9	ways 6:24 24:18	
translating 52:22	unwanted 48:24 49:4	When's 50:8	
translator 52:22 65:4	up-to-date 66:24 67:13	white 36:22 37:3, 21 45:24,25	
transmission 4:18	update 13:15 45:24	Wood 7:23	
transpired 23:18 50:5 67:23	updated 38:14	word 49:12	
treatment 47:10, 18 48:24 49:4 52:1 57:7	upgrade 64:10	work 10:22 62:6 67:10	
triage 18:18,20 40:13	urge 6:17	worked 8:7,9 10:1,4,25	
trouble 42:7	utilized 34:24 38:7	workers 40:1,10	
true 64:3	utilizing 44:7,11	working 61:17	
truth 6:4,5	V	writing 44:7,10,12	
turn 12:6	VCI 45:16,21	written 33:19,22 52:22,24 56:7,16, 19,21 60:4	
TV 64:23	verbal 7:10	Y	
two-way 47:3	verbalization 24:24	year 49:25	
type 9:20	verified 39:7	years 5:20,21,25 8:10 9:4,15 10:17 49:22	
typewriting 4:16	verify 11:15 20:3 27:15 41:2,5	YOUNG 8:16 21:6, 12,22,25 22:3,17, 21 23:1,6,9,16,19, 24 24:11,15 27:9 28:7 32:16,20,23 47:14,19,25 48:7, 11,16 53:2 55:10, 13 56:9,22 58:24 59:1 61:13 63:18 67:21,24	
typical 44:25	video 18:2 31:2 41:18		
typically 38:14	VRI 13:15,24 25:8, 10,14,16 29:25 31:8 32:10,13 33:2,5,12 43:14, 16,21,23 44:3 58:8,13 61:22 62:20 63:10		
U			
uh-huh 7:8 18:21			